

**SENECA HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS REGULAR MEETING MINUTES**  
**Lake Almanor Clinic (LAC) Conference Room, 199 Reynolds Road, Chester, CA**  
**April 27th, 2023 - at 3:00 p.m.**

- 1) **Call to Order.** President Jerri Nielsen called the Regular Board meeting to order at 3:06pm.
- 2) **Board Members Roll Call.** The President acknowledged the following Board Members as present/absent:  
**Present** - Sherrie Thrall, Assistant Secretary-Treasurer; Rich Rydell, Treasurer; Jerri Nielsen, President.  
**Absent** - Ken Crandall, Secretary; Absent-Ryan Lee, Vice-President.
- 3) **Pledge of Allegiance** was led by President, Jerri Nielsen at 3:07am.

**Closed Session Announcement.**

The Board met in Closed Session pursuant to:

- a. **Government Code §54956.9(d)(1)** Conference with Legal Counsel – Existing Litigation.  
[Paragraph (1) of subdivision (d) of Section 54956.9]  
➤ **Velez vs SHD - Case: DFEH #202110-15186025**
- b. **Government Code §54956.9(d)(1)** Conference with Legal Counsel – Existing Litigation.  
[Paragraph (1) of subdivision (d) of Section 54956.9]  
➤ **Robles vs SHD - Case: #CV22-00177**
- c. **Health and Safety Code §32106** – Report(s) involving Trade Secrets.  
➤ Cerner Community Works Implementation Update.

**4) Public Comment(s) Period.**

This is an opportunity for public attendees to address the Board regarding items which are not on the agenda. Please state your name for the record. Comments are limited to three (3) minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot act on any item that is not listed on the agenda. The Board Chair may choose to acknowledge the comment. When appropriate, the Board Chair may briefly answer a question; refer the matter to staff; or move to set the item for discussion at a future meeting.

Public Comment: A member of the community asked about the billing process of being seen by a doctor at the Walk-In Clinic verses going to the Emergency Department.

- 5) **The Board Responds to Public Comment(s).** Steve Boline, CFO, Jerri Nielsen, Board President, and Shawn McKenzie, CEO, engaged in conversation with the community member by discussing and explaining how the Walk-In Clinic and the Emergency Department billings are processed; and how each of the services provided, differentiates in patient billing calculations. The community member asked if any billing exceptions were possible if someone had wanted to be seen in the Walk-In Clinic for a non-emergent issue but was told to go to the Emergency Department because no providers were available that day in the Clinic. Community member was advised that billing can be reviewed, and recommended contacting Seneca administration once the bill has been received.

## **Agenda - Items Requiring Action:**

### **6) Approval of Board Meeting Minutes.**

**Tab A**

The Board approved the Minutes of the March 30th, 2023, Regular Board Meeting, as amended in the final draft presented to the Board at the meeting. Rich Rydell motioned to approve the Minutes as amended. Sherrie Thrall seconded the motion. Motion approved by roll call vote. Rich Rydell: Aye; Sherrie Thrall: Aye; Jerri Nielsen: Aye. Ryan Lee: Absent. Ken Crandall: Absent.

### **7) Candidate for Board Member Vacancy.**

**Tab B**

Shelley Stelzner. Ms. Stelzner was reintroduced to the Board as a candidate for the vacant Board Member position. Her Letter of Interest and qualifications were previously reviewed. As she was interviewed earlier in the year, the Board Members felt no need for another interview.

### **8) Board Member Selection and Appointment.**

Sherrie Thrall made a motion to appoint Shelley Stelzner as a new Board Member. Rich Rydell seconded the motion. Motion approved by roll call vote. Rich Rydell: Aye; Sherrie Thrall: Aye; Jerri Nielsen: Aye. Ryan Lee: Absent. Ken Crandall: Absent.

Jerri Nielsen stated the Newly appointed Board Member, Shelley Stelzner, is to be officially sworn in at the Special Board Meeting to be held on May 4, 2023.

### **9) Re-Election of Officers.**

A discussion and re-election of Board Director positions was conducted, due to the departure/resignation of Ryan Lee, Vice-President. Jerri Nielsen asked Sherrie Thrall if she was willing to consider serving as Vice President. Sherrie Thrall agreed. Rich Rydell moved to make Sherrie Thrall the new Vice-President. Jerri Nielsen seconded the motion. Motion approved by roll call vote. Rich Rydell: Aye; Sherrie Thrall: Aye; Jerri Nielsen: Aye. Ryan Lee: Absent. Ken Crandall: Absent.

Sherrie Thrall motioned to nominate Shelley Stelzner as the newly appointed Secretary-Treasurer. Rich Rydell seconded the motion. Shelley Stelzner accepted the appointment. Motion approved by roll call vote. Rich Rydell: Aye; Sherrie Thrall: Aye; Jerri Nielsen: Aye. Ryan Lee: Absent. Ken Crandall: Absent.

The Board Member Leadership stands, as follows:

Jerri Nielsen, President

Sherrie Thrall, Vice-President

Ken Crandall, Secretary

Rich Rydell, Treasurer

Shelley Stelzner, Assistant Secretary-Treasurer

### **10) Medical Staff Report.**

The Board approved the following Medical Staff appointments submitted by Dr. Dana Ware, Chief of Staff, as approved at the **March 28th, 2023**, and the **April 18th, 2023**, Medical Staff Meetings:

### ***March 28,2023 Medical Staff Meeting***

Initial Appointment Medical Staff:

- **Jeffrey Fountain DO - Radiologist - North Star - 1 year – 04/21/23 to 04/21/24**
- **L. Lee Nelson MD – ER Locum with admitting - 1 year – 05/07/23 to 05/07/24**

Reappointment Medical Staff:

- **Jack Lane DO - ER Locum with admitting - 2 years – 04/04/23 to 04/04/25**

Initial Allied Health Practitioner: N/A

Reappointment Allied Health Practitioner: N/A

### ***April 18,2023 Medical Staff Meeting***

Initial Appointment Medical Staff:

- **Richard Schilling MD - Clinic Locum - 60-day – 04/24/23 to 06/24/23**

Reappointment Medical Staff: N/A

Initial Allied Health Practitioner: N/A

Reappointment Allied Health Practitioner: N/A

Motion to approve as submitted was made by Rich Rydell. Seconded by Sherrie Thrall.  
Motion approved by roll call vote. Rich Rydell: Aye; Sherrie Thrall: Aye; Jerri Nielsen: Aye.  
Ryan Lee: Absent. Ken Crandall: Absent.

## **11) Policies and Procedures.**

**Tab C**

Submitted for Board approval by Chelsea Major, HIM.

### ***Approved at the April 27<sup>th</sup>, 2023, Medical Staff Meeting:***

1. HR-006.003-Employee Visitors Revised 4/7/2023
2. HR-009.003-Performance Evaluations Revised 4/7/2023
3. HR-010.002-Leaves and Kin Care Revised 4/7/2023
4. HR-012.002-Hiring Process Revised 4/7/2023
5. HR-018.001-Tobacco and Smoke Free Workplace Revised 4/7/2023
6. HR-019.002-Student Observers Revised 4/7/2023
7. HR-020.002-Employee Exit Interview Revised 4/7/2023
8. HR-025.007-Time Clock and Time Reporting Revised 4/7/2023
9. HR-027.002-Attendance Revised 4/7/2023
- 10.HR-034.001-Lactation Accommodation New 4/7/2023
- 11.HKG-043.001-Isolation Room New 4/7/2023
- 12.HKG-PRO-034.001-Daily Cleaning Terminal Cleaning of Isolation Rooms RESCIND
- 13.HKG-PRO-035.001-Isolation Room Set Up RESCIND 4/7/2023
- 14.HKG-PRO-036.001-Linen and Waste Bagging Out from Isolation Room RESCIND

Motion to approve the Policies and Procedures as submitted was made by Sherrie Thrall.  
Seconded by Rich Rydell. Motion approved by roll call vote. Rich Rydell: Aye; Sherrie Thrall:  
Aye; Jerri Nielsen: Aye. Ryan Lee: Absent. Ken Crandall: Absent.

## **12) February 2023 Financial Report (in Draft Form).**

**Tab D**

Submitted for discussion and acceptance (draft form), the February 2023 Financial Report.  
Presented by Steve Boline, CFO. Motion to accept the (draft form) of the Financial Report  
was made by Rich Rydell. Sherrie Thrall seconded the motion. Motion approved by roll  
call vote. Rich Rydell: Aye; Sherrie Thrall: Aye; Jerri Nielsen: Aye. Ryan Lee: Absent. Ken  
Crandall: Absent.

**Agenda items – Information only:**

- 13) Healthcare Resource Group (HRG).** **Tab E**  
Steve Boline, CFO, presented HRG's March 2023 Summary Report.
- 14) SPT (CAH) Report and MOU (RE: Collins Pine) Board Updates.** **Tab F**  
Critical Access Hospital (CAH) Information update and MOU discussion as presented by Donna Huntingdale, President, Building Rx.
- 15) Fieldman Rolapp & Associates - Finance Plan Overview Presentation.** **Tab G**  
Document submitted and presented to the Board by Jason Chung, Vice President, Fieldman Rolapp & Associates.
- 16) SB-525.** **Tab H**  
Opposing letter regarding SB-525 was provided to the Board Members (as informational only). Presented by Jerri Nielsen, President.
- 17) CEO Report.** **Tab I**  
Presented by Shawn McKenzie, CEO.
- 18) Creative Thinking: Change of Venue for future Board Meetings.**  
Discussion. Presented by Shawn McKenzie, CEO. The Board also discussed the possibility of reconfiguring the LAC-Conference Room to make it more conducive to future Board meetings. Board requested Mr. McKenzie to investigate options for the LAC-Conference Room prior to considering a change in venue.
- 19) Board Member Team Building for 2023.** **Tab J**  
Discussion and Introduction of a (possible) moderator for the team building exercises. Presented by Shawn McKenzie, CEO. The Board agreed to discuss at the next Regular Board Meeting to decide whether a moderator may be needed or not. Jerri Nielsen asked the Board Members to write down their top three (3) suggestions of topics that they wish to be discussed at the session.
- 20) CNO Report.** **Tab K**  
Presented by Judith Cline, CNO.
- 21) Project Manager Report.** **Tab L**  
Cerner Report presented by Brian Churchill, PM.
- 22) Departmental Documents/Reports.** **Tab M**  
a. Compliance – Charlene Almocera, HIM Director – **No report submitted.**  
b. IT/Clinical Informatics – TK Trumpf, IT Director – Report submitted.  
c. Human Resources & Newsletter – Corie Howe, HR Assistant – Report submitted.  
d. Marketing/PR – Chelssa Outland, PR Manager – Report submitted.
- 23) Closed Session.**  
The Board adjourned to Closed Session, (as announced at the start of Meeting), at 5:04pm.

**24) Report on Closed Session.** The Board reconvened to Open Session at 5:55pm. President, Jerri Nielsen stated there were no reportable actions taken during Closed Session.

**25) Next Special Board Meeting Announcement.**

- **Date:** May 4th, 2023
- **Time:** 11:00 a.m.
- **Location:** LAC-Conference Room

**26) Next Regular Board Meeting Announcement.**

- **Date:** May 25th, 2023
- **Time:** 3:00 p.m.
- **Location:** LAC-Conference Room

Items added to this agenda include:

- Discussion of (potential) - Labor Day 5K Run
- Investment Policy Review
- Board Self-Evaluation Process and Question, and Review
- CEO Self-Evaluation Process and Question, and Review
- Board Member Education and Team Building

The Regular Board Meeting concluded at 5:56pm.

**SENECA HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS \*SPECIAL\* BOARD MEETING MINUTES**  
**Lake Almanor Clinic (LAC) Conference Room, 199 Reynolds Road, Chester, CA**  
**May 4<sup>th</sup>, 2023 - at 11:00 a.m.**

**Board Member(s) joining the \*Special\* Board Meeting via virtual (ZOOM):**

- Rich Rydell, Treasurer - 2 Via Olas, San Clemente, CA 92673 / Ph: 530-258-6767

- 1) **Call to Order.** President Jerri Nielsen called the Special Board meeting to order at 11:00am.
- 2) **Board Members Roll Call.** The President acknowledged the following Board Members as present/absent:  
Present: Ken Crandall, Secretary; Sherrie Thrall, Vice-President; Shelley Stelzner, Assistant Secretary-Treasurer; Jerri Nielsen, President.  
Present Online (via Zoom): Rich Rydell, Treasurer.
- 3) **Pledge of Allegiance** was led by Jerri Nielsen, President at 11:01am.
- 4) **Public Comment(s) Period.**  
This is an opportunity for public attendees to address the Board regarding items which are not on the agenda. Please state your name for the record. Comments are limited to three (3) minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot act on any item that is not listed on the agenda. The Board Chair may choose to acknowledge the comment. When appropriate, the Board Chair may briefly answer a question; refer the matter to staff; or move to set the item for discussion at a future meeting.
- 5) **The Board Responds to Public Comment(s).** There were no public comments submitted to report. Nor were there any members of the community present at the Special Board Meeting.

**Agenda - Items Requiring Action:**

- 6) **New Board Member – Oath of Office** **Tab A**  
Shelley Stelzner was officially sworn in as the new Director and newly appointed Assistant Secretary-Treasurer  
of the Board. Officiated by Jerri Nielsen, Board President.
- 7) **Considered for adoption - Resolution No. 437** **Tab B**  
A Resolution of the Seneca Healthcare District Board of Directors Making Findings, Adopting a Mitigated Negative Declaration, and Adopting a Mitigation Monitoring, and Reporting Program Under the California Environmental Quality Act for the Seneca Healthcare District Facility Replacement Project. Document presented for discussion and approval, by Donna Huntingdale, Building Rx.

Donna Huntingdale introduced the Board to Doug Herring (online) representing Sequoia Ecological Consulting, Inc., and Grant Orbach from the BBK Law Firm (via phone).

Motion to approve and adopt Resolution No. 437 was made by Sherrie Thrall. Seconded by Shelley Stelzner. Motion approved by roll call vote. Ken Crandall: Aye; Sherrie Thrall: Aye; Shelley Stelzner: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye.

**8) Considered for adoption - Resolution No. 438**

**Tab C**

A Resolution of the Seneca Healthcare District Board of Directors Directing Issuance of Notice to Proceed with Construction of Replacement Facility Project promptly, but more than thirty (30) days after filing of Notice of Determination. Document presented for discussion and approval, by Donna Huntingdale, Building Rx.

Motion to approve and adopt Resolution No. 438 was made by Ken Crandall. Seconded by Sherrie Thrall. Motion approved by roll call vote. Ken Crandall: Aye; Sherrie Thrall: Aye; Shelley Stelzner: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye.

**Agenda items – Information only: (N/A)**

**9) Next Regular Board Meeting Announcement.**

- **Date:** May 25th, 2023
- **Time:** 3:00 p.m.
- **Location:** LAC-Conference Room

Note: Resolution No. 437 & Resolution No. 438 were signed and dated by Board Members: Ken Crandall, Secretary and Jerri Nielsen, President.

The Special Board Meeting adjourned at 11:24am.

# TAB C i.

**Governance Practices and Performance Self-  
Assessment Process, Question, and Review**

## User's Guide



## Governance Practices and Performance Self-Assessment User's Guide

**T**he Association of California Healthcare Districts' (ACHD) board self-assessment tool is an easy-to-use, no-cost member benefit. Two ACHD task forces considered a broad range of self-assessment criteria, and developed two versions of a board self-assessment: one for hospital districts, and one for community-based districts.

Your organization's self-assessment has already been created for you, and is ready for you to use. Follow the step-by-step instructions in this document to conduct your self-assessment and receive a comprehensive summary report at no-cost.

### Assessing Governance Performance

A governing practices and performance assessment is an important preventive measure your board can take to ensure continual improvement in your governing health and wellness. And it's one of the most reliable ways to identify and correct governance trouble spots and close "governance gaps."

A successful assessment enables the board to identify areas in which the board has the greatest potential for improvement. The governance assessment process identifies leadership gaps, and helps you to develop and implement initiatives and strategies to improve leadership performance.

Through an effective, well-developed governance practices assessment process, leadership growth opportunities may be realized, education may be pinpointed to unique governance needs, recruitment of new directors may be undertaken with increased confidence, and long-range planning may be conducted within a consensus-based framework, with everybody on the same page.

### Using the Assessment to Improve Governance Effectiveness

A successful governance practices and performance assessment engages the board in a wide-ranging evaluation of its overall leadership performance. An excellent assessment process will achieve several key outcomes:

- Define the board's most critical governance success factors;
- Secure anonymous, broad-based and insightful director input on the critical fundamentals of successful governing leadership;
- Create an opportunity to address major issues and ideas in a non-threatening, collaborative manner;
- Clearly demonstrate where the board is both in and out of alignment on leadership fundamentals and issues;
- Objectively assess the degree of common director understanding, expectations and direction for the board;
- Assess the deficiencies that may impact the board's ability to fulfill its fiduciary responsibilities;
- Identify opportunities for meaningful leadership improvement; and
- Help administration better understand and respond to the board's leadership education and development needs.

# Association of California Healthcare Districts Governance Practices and Performance Self-Assessment User's Guide

## How to Use the ACHD Member Governance Practices and Performance Self-Assessment

Below is a step-by-step guide members should follow to take advantage of this unique member benefit:

### **Step 1: Determine the appropriate number of days you will allow for board members to complete the assessment.**

Determine the deadline date for receiving responses from board members. We recommend two or three weeks.

**Step 2: Notify board members prior to conducting the self-assessment.** The self-assessment should be discussed at a board meeting prior to implementation to ensure board member understanding of the criteria, and a board-wide commitment to completing the assessment and supporting next steps to address assessment results with governance improvement actions.

**Step 3: Send a series of emails to notify board members of the need to complete the board self-assessment, and provide instructions of where to go to access the self-assessment.** You may choose any method to communicate the self-assessment to your board members. However, a typical practice is to send an email to all board members notifying them that the self-assessment is online and ready to be taken, followed by two reminder emails and a deadline extension, if necessary.

The first reminder email should be sent approximately one week after the initial email; the second reminder email should be sent in the morning on the day of the deadline. If necessary, a deadline extension email may be sent the day after the original deadline. It is always a good idea for the self-assessment administrator to send the email to him/herself first to ensure that the assessment link works properly.

Below are examples of copy you may choose to use in your emails:

The image displays three overlapping documents related to the ACHD self-assessment. The top document is a 'Survey Instructions' page, the middle is the 'Association Member Board Self-Assessment' survey form, and the bottom is a screenshot of the online survey interface. The survey form includes sections for 'Survey Instructions', 'Survey Questions', and 'Survey Results'. The online interface shows a progress bar and a list of survey questions with radio button options.

### **Message 1: To be sent on the first day of self-assessment implementation**

As you know, [Organization Name] is conducting a comprehensive assessment of our governance processes, structure, practices and success. The self-assessment is being carried out through an Internet survey, provided as a member benefit by the Association of California Healthcare Districts (ACHD). The assessment asks for your viewpoints about [Organization Name] governance practices and performance in several key areas.

**The self-assessment should be completed by 5:00 p.m. [Day], [Date], and should take you approximately 30 minutes.**

Securing every board member's viewpoints and ideas is critical to our ability to ensure that the board is able to deliver the leadership necessary to ensure our success.

To complete the assessment, click on this link:

[Survey URL]

We appreciate your time and commitment to making this important board of directors self-assessment a success.

Sincerely,

[Name], President

### **Message 2: To be sent approximately one week after initial email**

As a reminder, if you have not yet completed the [Organization Name] Board of Directors Self-Assessment, **please take 30 minutes or so to complete the survey by 5:00 p.m. [Day], [Date]**. If you've already completed it, thank you for your time and viewpoints.

To complete the assessment, click on this link:

[Survey URL]

# Association of California Healthcare Districts Governance Practices and Performance Self-Assessment User's Guide

We appreciate your time and commitment to this important board of directors self-assessment a success.

Sincerely,

[Name], President

## **Message 3: To be sent on the morning of the deadline date**

### **FINAL REMINDER**

If you haven't yet completed your [Organization Name] Board of Directors Self-Assessment, there's still time. If you have, thanks for your time and participation in this important [Organization Name] governance development initiative.

**The self-assessment should be completed by 5:00 p.m. today, and should take you approximately 30 minutes.**

Securing every director's viewpoints and ideas is critical. To complete the self-assessment, click on this link:

[Survey URL]

We appreciate your time and commitment to this important board of directors self-assessment a success.

Sincerely,

[Name], President

## **Message 4: To be sent on day after deadline (if necessary to extend)**

### **BOARD SELF-ASSESSMENT DEADLINE EXTENDED**

If you have completed the [Organization Name] Board of Directors Self-Assessment, thank you for your time and participation in this important governance development initiative.

Unfortunately, we have not received a response from every director, so we've extended the self-assessment deadline.

**For those who have not yet completed the self-assessment, please take 30 minutes to do so by 5:00 p.m. [Day], [Date].**

To complete the self-assessment, click on this link:

[Survey URL]

We appreciate your time and commitment to this important board of directors self-assessment.

Sincerely,

[Name], President

**Step 4: Self-assessment results.** After you have received all possible responses to the self-assessment, notify Larry Walker at The Walker Company, 503-694-8539, [lw@walkercompany.com](mailto:lw@walkercompany.com), that your self-assessment is complete. Your summary report of survey results will then be developed and provided to you for board review and discussion of governance improvement action items.

Assessment results are also sent to ACHD, as ACHD uses the combined results of all its member districts to help identify ways in which they can best serve their members' governance needs.



## **For Additional Assistance...**

If you have any questions or concerns, please contact Vone Yee, [vi@walkercompany.com](mailto:vi@walkercompany.com), 503-545-8605, or Nicole Matson, [nm@walkercompany.com](mailto:nm@walkercompany.com), 503-830-6858.

# TAB C ii.

**Governance Practices and Performance Self-Assessment Process, Question, and Review**

**Association  
Member Board  
Self-Assessment**



**ACHD**  
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

# Association Member Board Self-Assessment

This board self-assessment measures your viewpoints and ideas about your organization's board's governing effectiveness. The assessment consists of two sections:

Section 1: Your assessment of overall board performance; and

Section 2: Issues and priorities.

## Confidentiality Guarantee

Your responses to this board self-assessment are anonymous and non-identifiable by individual. Individual answers will be considered together and presented in a summary analysis.

Your Name: \_\_\_\_\_

*Your name is only used to know who has responded to the board self-assessment. Your responses will not be individually identifiable, and the results of this self-assessment will be compiled by an outside firm.*

***Please scan and email this survey to***

**vi@walkercompany.com**

Vone Yee  
The Walker Company

**Board Performance Assessment**
**Leadership Responsibility 1: Mission, Values and Vision**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization has a clear, focused and relevant written <u>mission</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a clear, focused and relevant written <u>vision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a clear, focused and relevant written <u>values</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mission, values and vision drive decision making at all board meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mission, values and vision drive organizational strategies, objectives and action plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board uses the mission, values and vision when making policy and strategic decisions in the best long-term interests of the organization and the community we serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board tests all policy and strategy decisions by asking how/if they will strengthen our ability to achieve the mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board regularly reviews the status of strategies and objectives to ensure fit with the mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members fulfill their leadership role in ensuring achievement of the mission, values and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 2: Strategic Direction**

Please rate your agreement with the statements below using the following scale:

Level 5: I **strongly agree** with this statement. We **always** practice this as a part of our governance. Our performance in this area is **outstanding**.

Level 4: I **generally agree** with this statement. We **usually** practice this as a part of our governance, but not always. We perform **well** in this area.

Level 3: I **somewhat agree** with this statement. We **often** practice this in our governance, but we are not consistent. We perform **fairly well** in this area.

Level 2: I **somewhat disagree** with this statement. We **inconsistently** practice this as a part of our governance. We **do not perform well** in this area.

Level 1: I **disagree** with this statement. We **never** practice this as a part of our governance. We perform **very poorly** in this area.

N/S: Not sure. I do not have enough information to make a determination about our performance in this area.

N/A: Not applicable.

**The Strategic Planning Process**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board's collective understanding of the evolving health care environment (local regional and national ) ensures effective strategic decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization's strategic objectives are clearly communicated to the board, employees and other stakeholder individuals and organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members understand strategic issues the organization is facing, and the factors most critical to organizational success and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board is well-familiar with the planning data and assumptions that form the foundation for the strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic information provided to the board enables a clear understanding of issues and challenges, and facilitates decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a flexible, responsive strategic planning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board focuses the majority of its time on strategic <u>thinking</u> and strategic <u>leadership</u> rather than strategic <u>plans</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board responds to new challenges with knowledge-based ideas and direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community and Stakeholder Perspectives**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures that stakeholders' and constituents' needs, interests and viewpoints are assessed in developing goals and strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members understand critical community health needs and challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance decisions are principally based on meeting community health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Monitoring Progress**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board regularly monitors progress toward the achievement of our strategic objectives, using board-approved key performance indicators that define organizational success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board takes timely corrective actions if/when objectives are not being met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criteria is in place for evaluating new service feasibility and value in fulfilling the mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board annually reviews the strengths and weaknesses of the organization's entities, and their role and value in mission and vision fulfillment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 3: Leadership Structure and Governance Processes**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.  
**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.  
**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.  
**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.  
**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.  
**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.  
**N/A:** Not applicable.

**Board Roles and Responsibilities**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board's roles and responsibilities are clearly defined in a written document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's role and responsibilities are consistently adhered to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision protocols and procedures have been established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members consistently follow our decision protocols and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directors' and officers liability insurance provides the protection needed to reassure trustees that a "safe" governance environment exists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New board members go through an orientation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board Structure and Composition**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board fosters leaders who understand how to encourage innovation and welcome organizational change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board encourages critical dialogue among its members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board Member Performance**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has a process for determining when a board member is not performing to the board's standards or requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has a process for improving individual board member effectiveness when non-performance becomes a governance issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has a process for removing a board member from the board for non-performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Strategic Focus**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board adheres to its policy-making function, and does not engage in operational thinking or decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 75 percent of the board's meeting time is spent focusing on strategic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board engages in productive policy-making and strategic discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board resolves problems effectively, even when the solutions are uncomfortable to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board Meetings**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Board meetings comply with the Ralph M. Brown Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The frequency of our board meetings ensures timely decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board meeting attendance meets our organization's need for broad-based and inclusive dialogue, and consensus-based decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting agendas provide adequate time to discuss and act on significant strategic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agendas reflect our strategic issues and priorities, and focus on specific outcomes the board wants to achieve at the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board chair keeps a tight rein on digressions, members' side discussions, and issues that have already been addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board chair is well-skilled in the dynamics of effective meeting management and leadership, and keeps meetings well-organized and tightly constructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members' time is respected and used efficiently, and board member involvement and participation are enhanced as a result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board saves critical time for important discussions by utilizing a consent agenda covering the routine actions that require approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board Member Knowledge**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Each board member is provided with background information and intelligence resources required for active participation in board dialogue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members receive well thought-out strategic options and alternatives from management prior to defining a strategic course of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A continual flow of new information and assumptions are presented at board meetings, and board members use the information to modify strategic direction as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members have a clear and comprehensive understanding of the changing health care environment (local, regional and national) and its effects on the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A regular environmental assessment is conducted, ensuring board understanding of the changes taking place in the health care environment, and their implications on the organization, its physicians, and local health care consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Governance Development**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
A governance development process is in place that identifies governance issues, determines educational needs, and manages the governance self-assessment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board develops and implements an annual governance improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has an education development plan that assures board member understanding of issues essential to effective governance, including education and orientation at every board meeting, and annually at the board retreat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board orientation and education broadens board members' perspectives about the challenges our organization will face in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Meeting Materials**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Board members receive agendas and meeting materials at least one week in advance of board, committee and task force meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our meeting materials promote meaningful dialogue and critical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information the board receives is relevant, timely, understandable and actionable, and facilitates board decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Board Relationships and Communication**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Working relationships among trustees are good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has an environment where board members engage in vibrant dialogue that challenges conventional thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board dialogue creates consensus and positive new directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board takes time to discuss difficult issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members are open about their thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's decision-making culture includes active involvement, questioning, probing, challenging and stimulating discussion and dialogue on meaningful issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The governance culture is open to alternative views, and constructively challenges "conventional wisdom"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's decision pathways ensure that all critical decisions include the proper mix of background, discussion of alternatives, potential outcomes and preferred choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every board member has a voice in our governance decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for individual participation strengthen decision-making, enrich discussion, build understanding and prepare individual board members for future leadership challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has a conflict of interest policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Board Relationships and Communication (cont.)***

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has a conflict resolution process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustees, senior leaders and medical staff annually declare conflicts that may inhibit their ability to provide unbiased, independent thinking and decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 4: Quality and Patient Safety**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

<b>Defining and Understanding Quality and Patient Safety Issues</b>	<b>Level 5</b>	<b>Level 4</b>	<b>Level 3</b>	<b>Level 2</b>	<b>Level 1</b>	<b>N/S</b>	<b>N/A</b>
The organization has a board approved definition of quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's definition of quality encompasses community health, wellness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a board approved definition of patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a board-approved, organization-wide plan with objectives for ensuring a culture of safety and improving patient safety and reducing medical errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board-approved plan ensures compliance with applicable state, federal and local regulatory and statutory requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has discussed and adheres to Joint Commission leadership-related accreditation standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board, leadership team and medical staff meet the Joint Commission's quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization achieves the Joint Commission's national patient safety goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has approved a Patients' Bill of Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement is a core organizational strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has a policy to ensure that ethnic and/or racial diversity is not a barrier to access to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has approved quality measures for patient services provided through contractual arrangements by other organizations on the organization's behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board supports investment in organizational improvements that will improve quality and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Monitoring Quality and Patient Safety**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board consistently evaluates attainment of targets to ensure achievement of the board's quality and patient safety improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a quality improvement process that continuously defines, measures and improves quality at all levels, including clinical, service and organizational development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a quality improvement process for identifying and reporting adverse events impacting patients, and ensures actions to prevent recurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board uses the results of patient perception studies to ensure improvement in the patient experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board monitors compliance with applicable state, federal and local regulatory and statutory requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CEO's performance objectives are based on measurable and achievable quality goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board effectively carries out its responsibility for ensuring high quality, safe patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and patient safety performance and issues are reviewed at every board meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board approves the written performance improvement or quality assessment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has established clearly-defined and measurable quality improvement targets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ensuring a Workforce that Provides High Quality and Safe Care**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board's process of approving appointments and reappointments to the medical staff meets its quality and legal responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures that appropriate resources are in place to assure a competent, high-quality patient care workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 5: Community Relationships**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.  
**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.  
**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.  
**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.  
**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.  
**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.  
**N/A:** Not applicable.

**Ensuring Public Trust and Confidence**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization has a plan for board member advocacy that advances the organization's image, reputation and market position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization regularly measures the public's perceptions of its programs and services, community contribution, perceived trust, economic impact and overall value as a community health asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's actions contribute to building and sustaining a positive image for the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ensuring Community Communication and Feedback**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has established a process for eliciting community input and viewpoints about future service needs and opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures that the organization's plans and priorities are well-communicated to our community stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board utilizes board members as community "ambassadors" to communicate with stakeholders on important health care issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board works with others in the community to develop collaborative partnerships in building a healthier community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's role in local, regional and state political advocacy advances the organization's standing with political leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our legislators understand our mission/role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 6: Relationship with the CEO**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

**Board and CEO Roles**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board and CEO have clearly defined roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's strategic/policy responsibilities vs. the CEO's operational responsibilities are followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board and CEO have clear, mutually agreed-upon expectations of one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members adhere to the governing board's policy-making role and do not interfere in the CEO's operations management role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Communication, Support and Shared Goals**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board consistently supports the CEO in the pursuit and implementation of board-approved objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual trust and respect exist between board members and the CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board and CEO work together with a sense of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board always hears from the CEO in advance of a difficult or potentially problematic organizational issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chairman-CEO relationship sets a positive, constructive framework for the overall board-CEO relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board uses executive sessions to promote open communication between the board and CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CEO Evaluation**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board evaluates and compensates the CEO using pre-defined expectations and defined performance targets tied to achievement of the mission, vision and strategic objectives annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CEO's compensation is linked to strategic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***CEO Evaluation (cont.)***

Level 5    Level 4    Level 3    Level 2    Level 1    N/S    N/A

The board ensures that the CEO's compensation package stimulates and rewards excellent performance

☐    ☐    ☐    ☐    ☐    ☐    ☐

The board regularly reviews the CEO's compensation to ensure that it is reflective of compensation trends among other organizations of similar size, and that it reflects the magnitude of challenges and issues facing the administration and the organization

☐    ☐    ☐    ☐    ☐    ☐    ☐

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 7: Relationships with the Medical Staff**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

**Physician Involvement in Decision Making**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures physician participation in the development of the organization's mission, values and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of the medical staff offer advice and counsel on strategic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Shared Understanding**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board and medical staff develop and share common goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members understand the roles and responsibilities of the medical executive committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures that the interests of the physician community are addressed as the organization strives to fulfill its mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members understand the board's role with respect to the medical staff credentialing and quality of care process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Communication and Interaction**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
There is effective communication between the board and the medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an effective method for communicating board decisions that impact physicians, their practices and their patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board builds trust with physicians through collaborative and productive working relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board regularly assesses physician attitudes and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 8: Financial Leadership**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

**The Fiduciary Responsibility**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board successfully carries out its fiduciary responsibility for the oversight of financial resources and direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board uses the annual budget process to define the most effective allocation of our organization's limited resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board leads the development of long-range and short-range financial planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board measures operational performance against the plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular financial reports made to the board are understandable and meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board annually adopts a long-term capital expenditure budget, with expenditures prioritized based on greatest value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures that adequate capital is available for our organization's investment strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board directs the conduct of an annual audit, and thoroughly discusses all recommendations from the independent auditor's report and management letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members are comfortable asking questions about financial issues during board meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Monitoring Progress**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board identifies and approves targets for important measures of financial and operational performance needed by the board to monitor organizational performance and make timely, informed decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance targets are discussed at least quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Monitoring Progress (cont.)***

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Financial reports are presented in a format that is easy to understand, highlights major trends and stimulates creative discussion that enables timely and effective decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board uses financial performance reports to modify assumptions and shift resources, as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 9: Community Health**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

**Development and Support of Community Health Initiatives**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization has defined what constitutes our "community"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a board-wide understanding of and commitment to building a healthier community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board understands the strategic importance of initiatives designed to improve the health of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization promotes and supports specific initiatives whose sole purpose is improving community health, regardless of financial gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEO performance objectives include a focus on improving community health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization jointly advocates with other community organizations for legislation, regulation and other actions to address community health and socioeconomic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization conducts an annual or semi-annual community needs that defines and measures improvement in the community's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has a clear and consensus-driven understanding of the most important community health needs and issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community Involvement and Communication**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization, in conjunction with its community partners, regularly assesses the value and impact of our joint community health improvement efforts using specific measures of health status, health outcomes and services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has a process to secure and evaluate community feedback on the value of our programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization uses feedback from the community to enhance responsiveness to its community health improvement opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Community Involvement and Communication (cont.)***

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization establishes community partnerships to leverage services and resources to maximize community benefit and carry out our community health improvement agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization and its community partners disseminate the results of their shared improvement efforts to the community and interested stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

**Board Performance Assessment**
**Leadership Responsibility 10: Organizational Ethics**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

**Level 3:** I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

**Level 1:** I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

**N/A:** Not applicable.

**Ensuring Development and Implementation of Organizational Ethics**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has adopted a statement of values and ethical principles for the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board has adopted a statement of values and ethical principles for the board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures that procedures and training are in place to ensure that our values and principles are consistently applied to governance decision making processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures compliance with applicable state, federal and local regulatory and statutory requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board's workforce development policy ensures that compliance with our ethical values and principles is a component of employee evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Awareness of Ethical Issues**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures that information on our ethical principles and values are provided to all individuals who are employed by, volunteer with, or are formally affiliated with our organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures that information on our ethical principles and values are provided to patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures a process to allow <u>patients</u> to confidentially bring concerns about ethical issues to the attention of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures a process to allow <u>employees</u> to confidentially bring concerns about ethical issues to the attention of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board ensures a process to allow <u>physicians</u> to confidentially bring concerns about ethical issues to the attention of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the board improve its leadership in this area?

### Issues and Priorities

What is your single highest priority for the board in the next year?

What are the board's most significant strengths?

What are the board's most significant weaknesses?

What key issues should occupy the board's time and attention in the next year?

What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

What factors are most critical to be addressed if the organization is to successfully achieve its goals?

***Thank you for completing this important board  
performance assessment.***

***Please scan and email this survey to***

**Vone Yee**

**The Walker Company**

**[vi@walkercompany.com](mailto:vi@walkercompany.com)**

# TAB C iii.

**Governance Practices and Performance Self-Assessment Process, Question, and Review**

## **CEO Performance Evaluation User's Guide & District Hospital CEO Performance Evaluation**



## CEO Performance Evaluation User's Guide

**T**he Association of California Healthcare Districts' (ACHD) CEO evaluation tool is an easy-to-use, low-cost member benefit. ACHD considered a broad range of CEO performance evaluation criteria, and developed two versions of a CEO evaluation: one for hospital districts, and one for community-based districts.

Your organization's CEO evaluation has already been created for you, and is ready for you to use. Follow the step-by-step instructions in this document to conduct your evaluation and receive a comprehensive summary report as a low-cost member benefit.

### Ensuring Performance and Alignment: The Purpose of the CEO Evaluation

The CEO evaluation process begins with a clear definition of the role of the compensation and performance review process in building leadership loyalty and commitment, and ensuring leadership success and continuity. It is important to remember that the process is about more than simply evaluating the CEO's performance. It is an opportunity to strengthen the board/CEO relationship, and ensure that both the board and CEO have mutually-agreed upon goals and expectations.

The purpose of the CEO evaluation is to set specific board direction for CEO and overall organizational performance, ensure a consistent focus by the CEO, continuous leadership accountability, focus and success. It defines the essential CEO functions and personal attributes required by the board, and encourages two-way communication between the board and CEO.

In addition, the CEO evaluation identifies performance areas requiring increased attention by the CEO, and defines the leadership competencies most critical to organizational success. Finally, the evaluation should link the CEO's achievement to his or her compensation.

### CEO Evaluation Goals

Goals that should be considered in the course of undertaking a successful CEO evaluation process include:

- The process should be clearly identified well in advance of the evaluation;
- The evaluation should be a continuous, year-long process culminating in a formal annual performance review, with no surprises for either the board or the CEO;
- The evaluation should provide meaningful feedback to the board on the CEO's success in achieving board-approved objectives;
- The evaluation process should enhance board/CEO working relationships;
- The evaluation should link the attainment of organizational objectives with the CEO's personal performance objectives;
- Data, not subjective assessments, should be the foundation of the evaluation and decisions about compensation;
- Leadership in achieving the mission, values and vision should be a centerpiece of the evaluation; and
- Compensation should be driven by specific performance in specific areas.

## How to Use the ACHD CEO Performance Evaluation

Below is a step-by-step guide members should follow to take advantage of this unique member benefit:

### **Step 1: Determine the appropriate number of days you will allow for board members to complete the evaluation.**

Determine the deadline date for receiving responses from board members. We recommend two to three weeks.

**Step 2: Notify board members prior to conducting the evaluation.** The evaluation should be discussed at a board meeting prior to implementation to ensure board member understanding of the criteria, and a board-wide commitment to completing the evaluation and supporting next steps to address evaluation results and improvement actions with the CEO.

**Step 3: Send a series of emails to notify board members of the need to complete the CEO performance evaluation, and provide instructions of where to go to access the evaluation.** You may choose any method to communicate the evaluation to your board members. However, a typical practice is to send an email to all board members notifying them that the evaluation is online and ready to be taken, followed by two reminder emails and a deadline extension, if necessary.

The first reminder email should be sent approximately one week after the initial email; the second reminder email should be sent in the morning on the day of the deadline. If necessary, a deadline extension email may be sent the day after the original deadline. It is always a good idea for the evaluation administrator to send the email to him/herself first to ensure that the evaluation link works properly.

Below are examples of copy you may choose to use in your emails:

### **Message 1: To be sent on the first day of evaluation implementation**

As you know, [Organization Name] is conducting a comprehensive CEO performance evaluation. The evaluation is being carried out through an Internet survey, provided as a member benefit by the Association of California Healthcare Districts (ACHD). The evaluations asks for your viewpoints about [Organization Name]'s CEO performance in several key areas.

**The evaluation should be completed by 5:00 p.m. [Day], [Date], and should take you approximately 30 minutes to complete.**

Securing every board member's input is critical to ensuring a successful CEO evaluation.

To complete the CEO evaluation, click on this link:

[Survey URL]

We appreciate your time and commitment to this important CEO performance evaluation.

Sincerely,

[Name], Board Chair

### **Message 2: To be sent approximately one week after initial email**

As a reminder, **please take 30 minutes or so to complete the [Organization Name] CEO performance evaluation survey by 5:00 p.m. [Day], [Date].**

To complete the CEO evaluation, click on this link:

[Survey URL]



**ACHD**  
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

# District Hospital CEO Performance Evaluation

This CEO performance evaluation measures your viewpoints and ideas about your CEO's leadership performance effectiveness. The evaluation consists of two sections:

Section 1: Your assessment of the essential functions of your district hospital Chief Executive Officer; and

Section 2: Personal attributes of the CEO.

## Confidentiality Guarantee

Your responses to this CEO performance evaluation are anonymous and non-identifiable by individual. Individual answers will be considered together and presented in a summary analysis.

Your Name: \_\_\_\_\_

*Your name is only used to know who has responded to the CEO performance evaluation. Your responses will not be individually identifiable, and the results of this evaluation will be compiled by an outside firm.*

***Please scan and email this survey to***

**vi@walkercompany.com**

Vone Yee  
The Walker Company

**Essential Functions of a District Chief Executive Officer**
**Leadership Function 1: Medical Staff Relations**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Develops medical staff cohesiveness and a strong working relationship between the medical staff, management and the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with the medical staff, defines physician led initiatives which further the strategic objectives of the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures an adequate supply of physicians and physician specialties to meet the health needs of the community by developing specialty specific recruitment plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports medical staff leadership in developing patient care improvement processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipates, understands and responds in a timely manner to medical staff needs and concerns, particularly in the area of capital planning and technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops formal and informal communication mechanisms for communication with the medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creates an environment that helps physicians capitalize on practice-building opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creates a clear vision of the future that is relevant to the medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports the medical staff in all efforts related to quality improvement, patient safety and patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

## Essential Functions of a District Chief Executive Officer

### Leadership Function 2: Internal Operations

Please rate your agreement with the statements below using the following scale:

**Level 5:** I **strongly agree** with this statement. The CEO **always** practices this as part of his/her leadership. The CEO's performance in this area is **outstanding**.

**Level 4:** I **generally agree** with this statement. The CEO **usually** practices this as a part of his/her leadership, but not always. He/she performs **well** in this area.

**Level 3:** I **somewhat agree** with this statement. The CEO **often** practices this in his/her leadership, but he/she is not consistent. He/she performs **fairly well** in this area.

**Level 2:** I **somewhat disagree** with this statement. The CEO **inconsistently** practices this as a part of his/her leadership. He/she **does not perform well** in this area.

**Level 1:** I **disagree** with this statement. The CEO **never** practices this as a part of his/her leadership. He/she performs **very poorly** in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Plans, organizes, manages, evaluates and regularly reports to key constituents on the critical activities impacting hospital operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes goals and objectives, both personally and for direct reports, to achieve the strategic objectives defined by the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implements established policies and maintains general liaison with the board, medical staff and employees of the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies, develops, and recommends to the Board of Directors the required policies, procedures and standards necessary to ensure smooth functioning of hospital operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops an organizational structure, with clear lines of opportunity, authority and accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures an effective system of internal controls that safeguard the physical, financial and human resources of the hospital, directing corrective actions as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

**Essential Functions of a District Chief Executive Officer**
**Leadership Function 3: Leadership Development**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Creates a productive, open communication environment in which all affected parties are motivated to achieve, feel appreciated and work to their highest levels of efficiency and productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides strong and effective leadership to employees to ensure they understand and are focused in their support of the hospital's mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures that progressive educational programs and training opportunities are provided to assure effective skill building among employees, medical staff and the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists department managers and other personnel in identifying methods and systems for improving productivity and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages managers to capitalize on every opportunity to improve productivity and quality in their areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently achieves quality performance targets as set by the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oversees the development, implementation and review of personnel policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

**Essential Functions of a District Chief Executive Officer**
**Leadership Function 4: Leadership and Strategic Development**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Ensures that all departments/programs establish and submit annual operating plans that support the hospital's strategic objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates seasoned, mature leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates decisive, visible and intuitive human relations skills necessary to relate effectively with a variety of important constituencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in professional organizations in a leadership capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides assertive leadership and a "winning philosophy" to employees, the board, and community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aware of changes outside the organization that have impact on internal operations, and reacts appropriately with strategic focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earns and maintains respect among employees, the medical staff and the board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhances and improves the morale and spirit of employees, the medical staff and the board, motivating them to perform to their maximum potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists the Board of Directors in continuously developing the hospital's mission, values, and vision to serve the health improvement needs of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides direction to the board and staff in continuous strategic development, ensuring that the hospital pursues specific and quantifiable strategic objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds department managers accountable for the responsibilities of their positions; regularly measures managers' performance against established criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides leadership to promote the hospital's role as a vital community health improvement resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on next page...)

**(cont.)**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Establishes a culture built around quality, service and continuous improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivates and challenges the board, medical staff and employees to respond appropriately to the issues facing the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds effectively to changing circumstances in order to maximize opportunities and eliminate barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creates and maintains an environment that contributes to optimal efficiency, productivity and results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gains cooperation of staff members in achieving hospital and departmental goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspires confidence through personal attitude and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays current with national and local issues affecting the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors key statistical indicators that measure hospital performance, taking timely action as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors the hospital's marketing efforts in order to improve the hospital's reputation and market share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly informs and advises the Board of Directors, medical staff and employees on trends and other forces that affect the performance of the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates effective action on issues with no policy, but which require immediate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops policy statements for consideration and approval by the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyzes and develops new business opportunities which promote hospital growth, profitability and service to the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes and revises long-range strategic plans which support the hospital's mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides quarterly strategic development reports to the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

**Essential Functions of a District Chief Executive Officer**
**Leadership Function 5: Financial Development**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Utilizes financial and analytical skills to take effective action on long-range financial planning and short-term financial decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands financial data and leads the analysis of that data to determine required strategic decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes quick and effective action to cure controllable financial problems and implements required recovery mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes and monitors long-range facilities plans, and coordinates those plans with financial capabilities and strategic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leads department managers in determining resource allocations, including budgets, equipment, facilities and personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures an annual audit of the financial operations of the hospital, with a careful and thorough review by the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops the annual budget with active participation of department managers and others, as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently achieves financial targets as set by the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures that capital expenditure budgets are developed to reflect the program and service needs of the hospital in meeting the health improvement needs of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively negotiates contracts that are advantageous to the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

## Essential Functions of a District Chief Executive Officer

### Leadership Function 6: Community Relations

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Works effectively with community leaders, and with other health providers in the region to understand and respond to unmet community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds effectively to community health care service needs, comparing existing hospital services and programs to those needs and designing new programs and services to address unmet needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages integration of the hospital with the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceived by community leaders as a resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continually maintains awareness of community needs, and identifies ways to meet those needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

## Essential Functions of a District Chief Executive Officer

### Leadership Function 7: Board Relations and Development

Please rate your agreement with the statements below using the following scale:

Level 5: I **strongly agree** with this statement. The CEO **always** practices this as part of his/her leadership. The CEO's performance in this area is **outstanding**.

Level 4: I **generally agree** with this statement. The CEO **usually** practices this as a part of his/her leadership, but not always. He/she performs **well** in this area.

Level 3: I **somewhat agree** with this statement. The CEO **often** practices this in his/her leadership, but he/she is not consistent. He/she performs **fairly well** in this area.

Level 2: I **somewhat disagree** with this statement. The CEO **inconsistently** practices this as a part of his/her leadership. He/she **does not perform well** in this area.

Level 1: I **disagree** with this statement. The CEO **never** practices this as a part of his/her leadership. He/she performs **very poorly** in this area.

N/S: Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

N/A: Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Regularly informs and advises the Board of Directors on health care trends and other factors impacting hospital performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directs the functions of the hospital in accordance with the mission and policies established by the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures continuing education programs for the board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

**Essential Functions of a District Chief Executive Officer**
**Leadership Function 8: Teambuilding**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Deals with organizational conflict and builds teamwork and consensus throughout the management team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinates key activities of the Board of Directors, medical staff and other hospital staff with a focus on responding to community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determines the effectiveness of hospital programs and services and implements changes where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively promotes teambuilding among employees, the medical staff and the Board of Directors to accomplish hospital objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builds commitment among the board, medical staff and employees to fulfill the mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

**Essential Functions of a District Chief Executive Officer**
**Leadership Function 9: Regulatory Compliance**

Please rate your agreement with the statements below using the following scale:

**Level 5:** I *strongly agree* with this statement. The CEO *always* practices this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** I *generally agree* with this statement. The CEO *usually* practices this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** I *somewhat agree* with this statement. The CEO *often* practices this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** I *somewhat disagree* with this statement. The CEO *inconsistently* practices this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** I *disagree* with this statement. The CEO *never* practices this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Ensures compliance with regulatory agencies governing health care delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively represents the hospital in relationships with health agencies and other organizations impacting the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes a schedule and designates a specific individual responsible for the filing of required state/agency filings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly reports to the Board of Directors, compliance with required filings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the CEO improve his/her leadership in this area?

**Personal Attributes of the CEO**

Please rate your agreement with the statements below using the following scale:

**Level 5:** The CEO *always* demonstrates this as part of his/her leadership. The CEO's performance in this area is *outstanding*.

**Level 4:** The CEO *usually* demonstrates this as a part of his/her leadership, but not always. He/she performs *well* in this area.

**Level 3:** The CEO *often* demonstrates this in his/her leadership, but he/she is not consistent. He/she performs *fairly well* in this area.

**Level 2:** The CEO *inconsistently* demonstrates this as a part of his/her leadership. He/she *does not perform well* in this area.

**Level 1:** The CEO *never* demonstrates this as a part of his/her leadership. He/she performs *very poorly* in this area.

**N/S:** Not sure. I do not have enough information to make a determination about the CEO's performance in this area.

**N/A:** Not applicable.

**Management Style**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Projects a feeling of openness, interest in the opinions of others; approachable, friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values strong rapport and professional working relationships at all levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks input from others; supports team discussion and encourages dialogue on critical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective public speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Communication**

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Grasps important information in one-on-one and group communications, and interprets in a way which avoids or solves problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with and relates to others effectively, winning confidence and establishing support for various positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly informs employees about relevant hospital activities and plans impacting their jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective in presenting ideas or tasks to individuals and groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to synthesize complex issues into easily understood messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the communication styles of others and responds appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains dialogue with the medical staff on issues, activities and decisions of importance to the medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly informs the Board of Directors on the status of critical hospital operational issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes effective communication across the spectrum of hospital personnel, programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively delegates through the routine assignment of administrative responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains open lines of communication at all levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on next page...)

***Problem Solving/Creativity***

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Willing to assume risk and explore creative methods for addressing difficult challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles ambiguous situations well, always bringing focus to the hospital's pursuit of its mission and strategic objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks quickly and assimilates ideas well in providing direction and leadership to the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the need for balance between, process, structure and outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Ethics***

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Demonstrates strong values of fairness, honesty and compassion in dealing with all constituencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a high level of commitment to the mission and vision, and to the community served by the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively combines strong ethical judgment with technical and management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other leadership skills and assets do you think the CEO should possess?

***Thank you for completing this important  
CEO performance evaluation.***

***Please scan and email this survey to***

**Vone Yee  
The Walker Company  
vi@walkercompany.com**

EXTENSION AGREEMENT FOR  
DESIGNATED GOVERNMENTAL UNIT CHARITABLE IMPACT FUND AGREEMENT  
BETWEEN  
**THE ALMANOR FOUNDATION AND SENECA HEALTHCARE DISTRICT**

This Agreement is made and entered in this 28<sup>th</sup> day of February, 2023, by and between **The Almanor Foundation**, hereinafter referred to as the "Foundation", and **Seneca Healthcare District**, hereinafter referred to as the "Fund", regarding the continuation of Designated Governmental Unit Charitable Impact Fund, the term of which is to expire February 28, 2023.

NOW THEREFORE, it is agreed as follows:

1. The above-described fund agreement is hereby renewed for a term of 4 months, beginning March 1, 2023 and ending June 30, 2023.
2. All terms, provisions and covenants of the above-described agreement shall remain in full force for the duration of the extended term, except as noted.
  - a. Two additional fund advisors will be added.
3. This Agreement shall be binding upon and shall inure to the benefit of the parties, their successors, assigns and representatives.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

The Fund Advisor has executed this Agreement on behalf of Organization and the Foundation has approved it as indicated by the signatures below.

DocuSigned by:



Steve Boline, Fund Advisor

5/19/2023

Date

SHD CFO

Title

Jerri Nielsen, Fund Advisor

Date

Title

Shawn McKenzie, Fund Advisor

Date

Title

\_\_\_\_\_  
Chelssa Outland, Fund Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Approved by the Board Chair with the authority vested in her by the Board of Directors of THE ALMANOR Foundation on January 28, 2021.

\_\_\_\_\_  
Judith Chynoweth, Board of Directors Chair

\_\_\_\_\_  
Date



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT:</b> Emergency Department <b>POLICY TITLE:</b> Handling of Culture Results <b>POLICY NUMBER:</b> ED-036.001  <b>COMPLIANCE REQUIREMENT:</b>	<b>Page 1 of 2</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR:</b> Royce Raker E.D. Supervisor <b>REVISED BY:</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall ensure that all culture results from any specimen collected in the emergency department are reviewed and acted upon in a timely manner.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: ED-036.001**

## **PROCEDURE**

### **1. Purpose**

The purpose of this policy to ensure that all emergency department patients requiring collection of any specimen for culture are treated appropriately and in a timely manner.

### **2. Responsibilities**

The SHD emergency department nursing staff will review laboratory culture results and consult with the emergency department doctor, when necessary, in order to assure patients are being treated appropriately

### **3. Policy for Handling of Culture Results**

- i. It is the responsibility of all Seneca Healthcare District emergency department nursing staff to check the printer for culture results.
- ii. The ED nurse will cross check any culture results pending sensitivity with the ED logbook, checking for antibiotics the patient has been placed on. The ED nurse will document the antibiotic, time results received, and initial the result, then place in the “culture results pending basket”. If the patient was not placed on antibiotics the nurse will consult with the ED doctor and receive direction.
- iii. When the culture sensitivity results are received the ED nurse will check that the organism is sensitive to the antibiotic. If sensitive the nurse will date, initial and document the antibiotic, then place results in the “completed culture results” binder. If the organism is not sensitive to the antibiotic the nurse will consult with the ED doctor for direction.

### **4. Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

## **REFERENCE**

*General Teamsters, Professional, Health Care and Public Employees’ Local #137 Collective Bargaining Agreement with Seneca Healthcare District.*



## SENECA HEALTHCARE DISTRICT

### POLICY & PROCEDURE

DEPARTMENT: EMERGENCY DEPARTMENT  
POLICY TITLE: TREATMENT OF ANIMAL BITES  
POLICY NUMBER: ED-~~PRO-03700~~.001

COMPLIANCE REQUIREMENT:

AUTHOR: Jan Fredrick, RN and Royce Raker, RN ED  
Director  
REVISED BY:

Page 1 of 4

Date of Origin:

Revision Date:

Periodic Review  
By:  
Date:

Policy Rescinded by  
Policy #:  
Effective Date:

~~Policy procedure:~~ Seneca Healthcare District Nursing Staff will provide high quality nursing care to patients arriving to the Emergency Department with animal bites. This will include but is not limited to complete assessment of patients and wounds, nursing interventions and treatment as per standard of care. Patients arriving to the Emergency Room with animal bites will receive treatment and documentation relevant to the patient needs in accordance with county rules.

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Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: ED-~~03700~~.001



## PROCEDURE

### 1. Purpose

The purpose of this policy is to establish guidelines for the treatment and reporting of animal bites for the SHD Emergency Department (E.D.) nurses to follow.

### 2. Responsibilities

The SHD Emergency Department is responsible for appropriate nursing treatment, documentation and reporting of animal bites. Nursing must call appropriate county during patient visit (at minimum leave a message).

### 3. Policy for Treatment of Animal Bite

#### a. Procedure

Patients arriving to the Emergency Room with animal bites will receive treatment and documentation relevant to the patient needs in accordance with county rules.

a.i. Patients arriving at the Emergency Department with animal bites will receive the following care:

- i.1. Control all bleeding
- ii.2. Wash with high-pressure irrigation using large amounts of Normal Saline.
- iii.3. If appropriate, set-up for suture of wound.
- iv.4. If appropriate, set up for debridement of wound.
- v.5. If appropriate, give ~~give~~ tetanus toxoid or diphtheria tetanus, per physician order.
- vi.6. Assess for risk of rabies.
- vii.7. IV access for antibiotics, when applicable.

b.ii. Report all animal bites to the appropriate County Health Department by filling out an ~~animal bite form~~ ~~bite card~~ and faxing the information to:

- i. ~~Plumas County Sheriff~~ ~~258-6300~~
- ii.1. ~~Plumas County Animal Shelter Control~~ ~~530-283-6023~~ ~~283-3673~~
1. ~~Lassen County Health Dept.~~ ~~530-257-0488~~ ~~Sheriff~~ ~~257-6121~~

2.

iii. All animal bites must be reported to the appropriate county by calling the Sheriff Department for that county *(Note: Voicemail must be left if there is no answer)*. ~~Lassen County Animal Control~~ ~~257-0488~~

1. ~~Plumas County Sheriffs Office~~ ~~530-283-6300~~ or ~~530-283-6375~~
- ii.2. ~~Lassen County Sheriff~~ ~~530-257-6121~~

e. For animal bites in children under the age of 18, a report must also be made to Child Protective Services for the proper county:

- i. ~~CPS (Plumas County)~~ ~~283-6350~~
- ii. ~~CPS (Lassen County)~~ ~~251-8277~~

d.iv. Documentation shall include, but is not limited to:

- i.1. Time of bite
- ii.2. Location and severity of bite, size, shape
3. Type of animal
- iii.

### 4. Enforcement

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Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

**Attachments:**

**Attachment A: Plumas County Animal Bite or Contact Form** (*1 page*)

**Attachment B: Lassen County Report of Animal Bite** (*1 page*)

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# Attachment A: Plumas County Animal Bite or Contact Form

County		City - PLUMAS		RABIES CONTROL INVESTIGATION		1. Case Number:	
		Animal Bite or Contact Report					
I - PERSON BITTEN	IDENTIFICATION	2a. Name: (Last, First)		3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Age	5. Telephone	
		6. Address: (No. & St.)		(City)		(State)	(Zip)
		7. Name of Parent/Guardian: (If victim is a minor)		8. Address: (If different)		Telephone	
		9. Source of information: (Person or Office)		<input type="checkbox"/> Victim <input type="checkbox"/> Other			
		10. Report received by:		Date:			
	EXPOSURE	11. Place of attack:		12a. Time and date of attack:			
		13. Circumstances of attack: <input type="checkbox"/> None - Surveillance, only <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick <input type="checkbox"/> Hurt		<input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Vicious <input type="checkbox"/> Other:			
		14. Location and description of wound(s):		15. Was wound treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr: Telephone:	
		17. Details of wound treatment:		18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No By:		19. Given? <input type="checkbox"/> Yes <input type="checkbox"/> No By: Telephone:	
		20. Details of Anti-Rabies Treatment given:		21.			
II - ANIMAL	QUARANTINE IDENTIFICATION	22a. Owner: (Custodian)		(City)		(State)	(Zip)
		23. Address: (No. & St.)					
		24. Type of animal: <input type="checkbox"/> Wild <input type="checkbox"/> Pet <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:		<input type="checkbox"/> Male Est. <input type="checkbox"/> Female Age:			
		25. Description: (Breed, Color, Etc.)		26. License Number:		Date: From:	
		27. Behavior: <input type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:		28. Out of County? Where? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
	REVIEW	29. Vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No Kind:		30. Animal Quarantined at: Date:		31. Rabies Tag No. By:	
		32. I have received the quarantine notice and will not remove the above animal without permission (x) Date:		Owner: (Custodian) Investigator:			
		33. Cause of death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:		Symptoms: <input type="checkbox"/> Rabies <input type="checkbox"/> Other:			
		34. Quarantine released: Date: By:		35. Rabies <input type="checkbox"/> Probably <input type="checkbox"/> Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Not warranted Is: <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted By:			
		36. Remarks: ●		37. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted By:			
III - DISPOSITION	LABORATORY	38. Head Rec'd: DATE BY NUMBER		39. Head Rec'd: DATE BY NUMBER		40. Forms Rec'd: DATE BY NUMBER	
		41. Examined: DATE BY NUMBER		42. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		43. Physician: DATE BY NUMBER	
		44. Health Officer: DATE BY NUMBER		45. Veterinarian: DATE BY NUMBER		46.	
		47. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:		48. Case closed Date: By:			
		49. Animal Control Department - White / Animal Control Department - Yellow / Health Department - Pink					
	Animal Control Department - White / Animal Control Department - Yellow / Health Department - Pink						
	Animal Control Department - White / Animal Control Department - Yellow / Health Department - Pink						
	Animal Control Department - White / Animal Control Department - Yellow / Health Department - Pink						
	Animal Control Department - White / Animal Control Department - Yellow / Health Department - Pink						
	Animal Control Department - White / Animal Control Department - Yellow / Health Department - Pink						

# Attachment B: Lassen County Report of Animal Bite

State of California—Health and Welfare Agency				Department of Health Services			
<i>Lassen</i>				REPORT OF ANIMAL BITE			
PATIENT				ANIMAL			
NAME	PHONE	SEX	NAME OF OWNER	PHONE			
ADDRESS	AGE	ADDRESS					
PARENT	DESCRIPTION OF ANIMAL						
REPORTED BY	RECEIVED BY	DATE	Vaccinated	DATE	BY		
DATE OF BITE	HOUR		Licensed				
ADDRESS WHERE BITTEN			Quarantined				
CIRCUMSTANCES OF BITE			Released				
NATURE AND LOCATION OF INJURY			Destroyed				
TREATED BY	TIME OF TREATMENT		Died				
TREATMENT GIVEN			Specimen Received				
REMARKS:			Specimen Mailed				
			Laboratory Results	Date Received	P.M.D. Notified	Victim Notified	
			F.R.A.	POS.	NEG.		
PM 136 (1/82) LCPH - 171							



## SENECA HEALTHCARE DISTRICT PROCEDURE

<b>DEPARTMENT: EMERGENCY MEDICINE</b> <b>PROCEDURE TITLE: Treatment of Animal Bites</b> <b>PROCEDURE NUMBER: ED-PRO-007.003</b>	<b>Page 1 of 4</b>
	<b>Date of Origin:</b> 07/12/2002
	<b>Revision Date:</b> 06/14/2006, 05/19/2015
<b>AUTHOR: Jan Fredrick, RN</b> <b>REVISED BY: Elizabeth L Steffen, Director of</b> <b>Information Technology &amp; Policy Committee Chair &amp;</b> <b>Royce Raker, RN, Emergency Department Manager</b>	

**Procedure:** Patients arriving to the Emergency Room with animal bites will receive treatment and documentation relevant to the patient needs in accordance with county rules.

Authorization	Signature	Date
Department Head		
Administration		

**PROCEDURE NUMBER REFERENCE: ED-PRO-007.003**

## PROCEDURE

1. Patients arriving at the Emergency Department with animal bites will receive the following care:
  - a. Control all bleeding.
  - b. Wash with high-pressure irrigation using large amounts of Normal Saline.
  - c. If appropriate, set-up for suture of wound.
  - d. If appropriate, set-up for debridement of wound.
  - e. If appropriate, give tetanus toxoid or diphtheria tetanus, per physician order.
  - f. Assess for risk of rabies.
  - g. IV access for antibiotics, when applicable.
2. Report all animal bites to the appropriate County Health Department by filling out **an animal bite form** and faxing the information to
  - Plumas County Animal **Shelter**                      **530-283-6023**
  - Lassen County **Health Dep.**                      **257-0488**
3. **All animal bites must be reported to the appropriate county by calling the Sheriff Department for that county**
  - **Plumas County Sheriff's Office**              **530-283-6300 or 530-283-6375**
  - **Lassen County Sheriff**                      **530-257-6121**
4. Documentation shall include, but is not limited to:
  - a. Time of bite
  - b. Location and severity of bite; size, shape
  - c. Type of animal

**Attachment A: Plumas County Animal Bite or Contact Form** *(1 page)*

**Attachment B: Lassen County Report of Animal Bite** *(1 page)*

County <b>PLUMAS</b>		<b>RABIES CONTROL INVESTIGATION</b> Animal Bite or Contact Report		1. Case Number:		
<b>I - PERSON BITTEN</b>	<b>IDENTIFICATION</b>	2a. Name: (Last, First)		3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Telephone	
		6. Address: (No. & St.)		(City)	(State) (Zip)	
	<b>EXPOSURE</b>	7. Name of Parent/Guardian: (If victim is a minor)		8. Address: (If different)		
		9. Source of Information: (Person or Office)		<input type="checkbox"/> Victim <input type="checkbox"/> Other		
		10. Report Received by:		Date:		
		11. Place of attack:		12a. Time and date of attack:		
	<b>TREATMENT</b>	13. Circumstances of attack: <input type="checkbox"/> None - Surveillance, only <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick <input type="checkbox"/> Hurt		<input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Vicious <input type="checkbox"/> Other:		
		14. Location and description of wound(s):		16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr:		
		17. Details of wound treatment?		19. Given? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____		
		18. Anti-Rabies Treatment: Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____		20. Details of Anti-Rabies Treatment given: _____		
<b>MISCELLANEOUS</b>	21. _____		22b. Date of Attack: _____			
	_____		22c. Owner (Last Name) _____			
<b>II - ANIMAL</b>	<b>QUARANTINE</b>	22a. Owner: (Custodian)		Telephone		
		23. Address: (No. & St.)		(City)	(State) (Zip)	
	<b>IDENTIFICATION</b>	24. Type of animal: <input type="checkbox"/> Wild <input type="checkbox"/> Pet <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:		<input type="checkbox"/> Male Est. <input type="checkbox"/> Female Age: _____		
		25. Description: (Breed, Color, Etc.)		26. License Number: _____		
		27. Behavior: <input type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:		28. Out of County? Where? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____		
		29. Vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No Kind: _____		Vaccination Date: _____ Rabies Tag No. _____		
		30. Animal Quarantined at: _____		Date: _____ By: _____		
		31. I have received the quarantine notice and will not remove the above animal without permission (x) Date: _____		Owner: (Custodian) _____		
		32. <input type="checkbox"/> Animal observed O.K. Dates: _____ <input type="checkbox"/> Unable to locate		Investigator: _____		
		33. Cause of death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____		Symptoms: <input type="checkbox"/> Rabies <input type="checkbox"/> Other: _____		
<b>REVIEW</b>	34. Quarantine released: _____ Date: _____ By: _____		37. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted			
	35. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did not see animal		36. Rabies <input type="checkbox"/> Probably <input type="checkbox"/> Unlikely <input type="checkbox"/> Possible <input type="checkbox"/> Date: _____ By: _____			
	38. Remarks: _____		39. Head Rec'd: _____			
	40. Forms Rec'd: _____		41. Examined: _____			
<b>LABORATORY</b>	42. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		43. Physician: _____			
	44. Results: _____		44. Health Officer: _____			
	45. Results: _____		45. Veterinarian: _____			
	46. Results: _____		46. Results: _____			
<b>DISPOSITION</b>	47. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: _____ By: _____		48. <input type="checkbox"/> Case closed Date: _____ By: _____			
	49. _____		50. _____			

Animal Control Agency  
**PLUMAS ANIMAL SHELTER**  
**P.O. BOX 3023**  
**QUINCY, CA 95971**

**(916) 283-3673**  
**ANIMAL CONTROL OFFICER**

ANIMAL CONTROL DEPARTMENT - WHITE / ANIMAL CONTROL DEPARTMENT - YELLOW / HEALTH DEPARTMENT - PINK

# Attachment B: Lassen County Report of Animal Bite

State of California—Health and Welfare Agency				Department of Health Services			
REPORT OF ANIMAL BITE							
<i>Lassen</i>							
PATIENT				ANIMAL			
NAME		PHONE	SEX	NAME OF OWNER		PHONE	
ADDRESS			AGE	ADDRESS			
PARENT				DESCRIPTION OF ANIMAL			
REPORTED BY	RECEIVED BY	DATE		Vaccinated	DATE	BY	
DATE OF BITE		HOUR		Licensed			
ADDRESS WHERE BITTEN				Quarantined			
CIRCUMSTANCES OF BITE				Released			
NATURE AND LOCATION OF INJURY				Destroyed			
TREATED BY		TIME OF TREATMENT		Died			
TREATMENT GIVEN				Specimen Received			
REMARKS:				Specimen Mailed			
				Laboratory Results	Date Received	P.M.D. Notified	Victim Notified
				F.R.A.	POS.	NEG.	

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

<b>DEPARTMENT:</b> Environmental Services-Housekeeping <b>POLICY TITLE:</b> HANDLING LOST AND FOUND ITEMS <b>POLICY NUMBER:</b> HKG 40.001  <b>COMPLIANCE REQUIREMENT:</b>	<b>Page 1 of 2</b>
	<b>Date of Origin:</b> 1/30/1990
	<b>Revision Date:</b> 2/5/2007
	<b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR:</b> <b>REVISED BY:</b> Jennifer Hall, Housekeeping Supervisor	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall log and/or secure all property reported lost or articles that have been found on the facility premises.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE:** DEPT-###.###

## PROCEDURE

### 1. Purpose

The purpose of this policy is to log and/or secure any articles that have been reported lost or found on the facility premises.

### 2. Responsibilities

All SHD staff is responsible for securing lost/found items and documenting maintaining the log with any staff member that finds articles or receives a report that an item has been lost. The Environmental Services (Housekeeping) Department will maintain the lost and found log.

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### 3. Policy for Handling Lost and Found Items

#### a. Procedure

~~i. The Environmental Services (Housekeeping) Department will maintain a lost and found log.~~

~~ii. All property believed to be lost, or housekeeping staff will document any article found in the Lost and Found Log.~~

~~iii.i.~~ The log will be used for any property reported lost or any articles found on the premises except for any properties believed to be lost or possible theft belonging to resident in the ~~LT/SNF~~ Skilled Nursing Facility (SNF) Unit. For Resident's property loss or possible theft, refer to SNF-023.003 Theft, Loss, and Labeling of Residents Personal Items and Valuables.

#### ~~iv.ii.~~ Securing Lost and Found Items

~~1.~~ Place item in ~~plastic bag~~ patient belongings bag or envelope depending on the size with completed lost and found reporting slip.e.

~~1.~~

2. If known, place owners name on the outside of the bag or envelope.

3. If ~~owner~~ the owner is unknown, put the date and location the item was found on the outside of the bag or envelope.

4. Secure the items until a housekeeping staff member is available to take possession of the item or article. Nursing may consider securing it in the Drug Room if they believe the item has any value such as cash, credit cards, identification, or jewelry.

#### ~~v.iii.~~ Lost and Found Log- Disposition of Items.

1. Housekeeping will log all information pertinent to each article.

2. Housekeeping will tag each item with the corresponding number in the logbook.

3. Housekeeping will secure all articles such as clothing, etc. in the housekeeping supply storage area.

4. Housekeeping will secure items such as cash, jewelry, identification, and/or credit cards in the Hospital safe in ~~Medical Records~~ the Drug Room.

5. Note: when describing cash in the Lost and Found Log, the total amount and the quantity and value of each bill or coin should be logged. For example: (\$50.00) 2- \$20.00 bills, 1-\$10.00 bill. When

describing jewelry in the log, do not use the term as just gold or silver; instead use generic terms such as yellow metal or silver metal. Example: 1 ring- yellow metal with blue stone,

~~vi~~iv. Any item reported lost, or any article found believed to be valued at \$100.00 or more will be reported to the Sheriff's Department, by the Director of Environmental Services or Designee. Any instruction given by the Sheriff's Department should be followed.

~~vii~~v. All articles will be held by the facility ~~for~~at least 90 days. Cash or Jewelry should be held longer or turned over to the Sheriff's Department.

~~viii~~vi. The ~~Director of Environmental Services~~Housekeeping Supervisor will maintain the Lost and Found Log. Log Sheets will be kept for a period of at least one year based on the dates of the log entries.

#### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

#### REFERENCE

*Name of Reference:* [http://this is the hyperlink to the reference on the internet](#) (for book or other reference, please see Policy Committee Chair for proper formatting)

**Attachment A: Lost and Found Log**

**Attachment B: Lost and Found Reporting Slip**



# Seneca Healthcare District Lost and Found Log

Item #	Person Logging Item:	
Description:		
Date Lost/Found:		
Location item(s) stored (circle one location)		
Drug Room Safe	Admissions	Housekeeping Storage
Owner Contacted/Date:		
Owner Name and Phone Number:		
Item Received/or picked up by:		
Date and Time item picked up:		
Item #	Person Logging Item:	
Description:		
Date Lost/Found:		
Location item(s) stored (circle one location)		
Drug Room Safe	Admissions	Housekeeping Storage
Owner Contacted/Date:		
Owner Name and Phone Number:		
Item Received/or picked up by:		
Date and Time item picked up:		
Item #	Person Logging Item:	
Description:		
Date Lost/Found:		
Location item(s) stored (circle one location)		
Drug Room Safe	Admissions	Housekeeping Storage
Owner Contacted/Date:		
Owner Name and Phone Number:		
Item Received/or picked up by:		
Date and Time item picked up:		



## Lost and Found Reporting Slip



Employee Reporting Lost/Found Item:

Item #

Description:

Date Lost:

Date Found:

Location Lost/Found:

Owner Name:

Date Owner  
Contacted:

Owner Phone  
Number:

Location Item(s)  
Stored (Circle one)

Drug Room

Admissions

Housekeeping Storage

Name, Date/Time item picked up:



## Lost and Found Reporting Slip



Employee Reporting Lost/Found Item:

Item #

Description:

Date Lost:

Date Found:

Location Lost/Found:

Owner Name:

Date Owner  
Contacted:

Owner Phone  
Number:

Location Item(s)  
Stored (Circle one)

Drug Room

Admissions

Housekeeping Storage

Name, Date/Time item picked up:



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURES

**DEPARTMENT: TELEHEALTH**

**POLICY TITLE: TELEHEALTH PRIVACY AND SECURITY**

**POLICY NUMBER: TLH-001.001**

**COMPLIANCE REQUIREMENT:** 45 CFR § 164.306; Cal. WIC Code § 5328

**AUTHOR: Shannan Phillips, Telehealth Coordinator**  
**REVISED BY: Ann Holt, BSN, RN, PHN, Clinic Manager**

**Page 1 of 3**

**Date of Origin:**

**Revision Date:**

**Periodic Review**

**By:**

**Date:**

**Policy Rescinded by**  
**Policy #:**  
**Effective Date:**

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**Policy:** Seneca Healthcare District (SHD) shall provide high quality, patient focused care to our community through telemedicine technologies using scientific machinery and equipment to enable secure electronic communication and information exchanged between a healthcare provider and patient in separate locations.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: TLH-001.001**

TLH-001.002 Telehealth Privacy and Security

Page 1 of 3

## PROCEDURE

### 1. Purpose

The purpose of this policy is to outline the process of testing call quality and ensuring security and privacy for telehealth patients.

### 2. Responsibilities

Room set-up, security, and call testing will be performed by the Telehealth Coordinator or Medical Assistant. The Medical Receptionist will ensure proper “Patient Consent/Privacy Settings” are selected for Telehealth Behavioral Health Patients.

### 3. Policy for Telehealth Privacy and Security

#### a. *Telehealth Privacy*

- i. Music will be played outside each door to the telehealth room.
  - 1. Volume will be loud enough to obscure in-room conversations, but not so loud as to cause a disturbance to surrounding areas.
- ii. The door to the business office will be closed and locked from the business office side.
- iii. The in-room curtain will be extended out.
- iv. Signs will be posted on each door that a telehealth session is in progress and not to enter the room.

#### b. *Telehealth Polycom Security*

- i. Polycom security will be used to prevent accidental entry into the video conference room, such as:
  - 1. Automatic settings only allowing two connections to the video conference room.
  - 2. Password entry into a conference room.
- ii. System and software updates will be checked/installed on an as needed basis by IT when notified of updates by the Telemedicine Coordinator or other staff member.

#### c. *Connection Testing*

- i. Call connection and quality will be tested each day of telehealth appointments.
  - 1. Test calls will be scheduled at a specific time or
  - 2. Calls will be connected and tested for quality up to 10 minutes prior to the appointment time.

#### d. *Registration of Telehealth Behavioral Health Patients*

- i. Update the Patient Consent/Privacy Settings, located on the “Stay” tab
  - 1. Check boxes for “Patient” and “Authorized Representative”
  - 2. Select “Do not share data with HIE”
  - 3. Data Sensitivity Level “Very Restrictive”
  - 4. Protect Immunization Data “N – not protected, can be shared”

Update

### PATIENT CONSENT/PRIVACY SETTINGS

Consent/Privacy Notice: ☒ Date: 1/17/2019

Med History Consent: Consent given

The following selections will exclude data from selected user on Portal and Patient-facing APIs:

Patient: ☒

Authorized Representative: ☒

HIE Shared Data: Do not share data with HIE Date: 01/20/2021

Patient Event Notification: Send Notification Date:

Data Sensitivity Level: Very Restrictive Date: 01/20/2021

Protect Immunization Data:  Date:

Participate in CAHPS survey: ☐

Chronic Care Management Program: ☐ Participating ☐ Participation Declined ☒ Not Addressed Date:

#### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.



## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURES

<b>DEPARTMENT: TELEHEALTH</b> <b>POLICY TITLE: TELEHEALTH CART SET UP CONNECTION AND USE</b> <b>POLICY NUMBER: TLH-002.002</b>  <b>COMPLIANCE REQUIREMENT:</b>	<b>Page 1 of 5</b> <hr/> <b>Date of Origin:</b> <hr/> <b>Revision Date:</b> <hr/> <b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Shannan Phillips, Telehealth Coordinator</b> <b>REVISED BY: Ann Holt, BSN, RN, PHN, Clinic Manager</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall provide high quality, patient focused care to our community. The Telemedicine Program is designed to increase patient access to specialist care and to facilitate patient self-management and caregiver support through synchronous interactions.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: TLH-002.002**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to outline the process of connecting with providers, using and cleaning the equipment and providing patient care in a telemedicine environment.

### 2. Responsibilities

The Telemedicine Coordinator will monitor, each day of scheduled appointments, all equipment to make sure it is in working order and ensure all licensing agreements are current. Medical Assistants will room the patients, take vital signs and assist the practitioner in any additional assessments needed.

### 3. Policy for Telehealth Cart Use

#### *a. Telehealth Cart*

- i. Review the device user manual for instructions on making calls, camera mode selections, and disconnecting calls.
- ii. Document quarterly review of licensing agreements to ensure they are up to date.

#### *b. Accessory Use*

- i. See Attachment ~~1~~ & ~~2~~ s for quick reference on accessory use.
- ii. Review the device user manual for detailed instructions.

#### *c. Accessory Cleaning Instructions*

- i. After a patient has been seen:
  1. Wear gloves and use Cavi Wipes to wipe down all used equipment. (Follow packaging directions for proper sterilization time).
    - a. Clean all surfaces that come into contact with patients.
      - i. Chair/Exam table
      - ii. Stethoscope (Global Med, Littmann, or Eko Core)
      - iii. Earphones
      - iv. Total Exam Camera
        1. Tongue Depressor Clip
        2. Dermascope Hood
  - ii. Equipment does not require calibration

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, ADMIN-028.

## Attachments:

**Attachment 1: Global Med Dermascope & Stethoscope/Headphones**

**Attachment 2: Littmann Stethoscope**

**Attachment 3: Eko Core Stethoscope**

## Attachment 1: Global Med Dermoscope & Stethoscope/Headphones

The Dermoscope is attached to the right side of the cart.

1. Power on the Dermoscope by pressing the black power button located close to the cable.
2. Adjust the light to the needed brightness by pushing the button in the middle of the handle.
  - a. 1 push: dermatology
    - i. For use with the Dermatology Hood.
  - b. 2 pushes: medical exams
    - i. For use with tongue depressor clip.
  - c. 3 pushes: for use without attachments
3. Focus the Dermoscope by twisting the end of the scope to fine tune the focus area.
4. Make sure the buttons are facing up. If facing down the provider will see an upside-down image.



▲ The plug-ins are attached to the left side of the cart.

◇ The stethoscope is located in the cart drawer.

☆ The headphones are located in the cart drawer.

1. Plug the stethoscope and headphones into the jacks on the plug-ins (▲) mounted on the left of the cart.
  - a. Stethoscope goes into the microphone jack.
  - b. Headphones go into the headphones jack.
    - i. The stethoscope and headphones are used simultaneously with the camera in camera mode.



## Attachment 2: Littmann Stethoscope

The Littmann Stethoscope is located in the supply cabinet in the telemed room.

1. Double click on the EKO icon on the computer desktop.
  - a. Username: [Seneca@renown.ekodevices.com](mailto:Seneca@renown.ekodevices.com)
  - b. Password: Seneca20
2. Connect the Stethoscope
  - a. Power on
  - b. Press “M” to enter MENU
  - c. Press “M” to select CONNECT
  - d. On the Eko Window’s Application, click “Connect Core”
    - i. Choose “Littmann” from the dropdown devices menu.
3. Initiate Live Stream
  - a. Switch the “Live Stream” toggle at the bottom of the windows application to “ON”
4. Turn off and charge the stethoscope at the end of each session.



### Attachment 3: Eko Core Stethoscope

The Eko Core Stethoscope is located with the Specialty Medical Assistant plugged in to charge the battery. Ensure the computer is connected so the “Guest” network (this ensures there are no firewall issues blocking the software).

1. Connect the Stethoscope
  - a. Power on by sliding the toggle bar
2. Double click on the EKO icon on the computer desktop.
  - a. Username: [Seneca@renown.ekodevices.com](mailto:Seneca@renown.ekodevices.com)
  - b. Password: Seneca20
3. Connect the Stethoscope
  - a. Toggle the stethoscope “on”
    - i. The indicator light will turn BLUE when the device is on
  - b. On the Eko Window’s Application, click “Connect Core”
    - i. Choose “Eko Core v1.1” or “Eko Core v3.0” from the dropdown devices menu.
    - ii. The indicator light will turn GREEN when the device has been paired.
4. Initiate Live Stream
  - a. Switch the “Live Stream” toggle at the bottom of the windows application to “ON”
5. Turn off and charge the stethoscope at the end of each session.





## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

**DEPARTMENT: TELEHEALTH**

**POLICY TITLE: TELEMEDICINE CONSENT**

**POLICY NUMBER: TLH-003.001**

**COMPLIANCE REQUIREMENT:** AFL 12-05; Assembly Bill 415, Chapter 547, Statutes of 2011; Title 22 §70701, §70703, §70705(a); Business and Professions Code §2290.5; 42 CFR §482.12

**AUTHOR: Cheri Barkley, RN, Clinic Manager**

**REVISED BY: Amanda Narveson, LVN, Clinic Manager**

**Page 1 of 6**

**Date of Origin:**

12/9/2004

**Revision Date:**

06/29/2015,

**Periodic Review**

**By:**

**Date:**

**Policy Rescinded by**

**Policy #:**

**Effective Date:**

**Policy:** Seneca Healthcare District's rural health clinic, Lake Almanor Clinic (LAC), shall ensure patients are informed of the nature of the telemedicine consultation, his or her rights as a patient, and the associated risks of the technology.

~~This policy is applied in conjunction with the following policies for consent:~~

- ~~Photography and/or Video Consent, Administration Policy ADMIN 014.~~
- ~~Contrast, CT Policy CT 001.~~
- ~~Consent for Treatment of Minors in hospital, Emergency Medicine Policy ED 021.~~
- ~~Consent: Informed/Implied, Emergency Medicine Policy ED 027.~~
- ~~Consent: Caregiver's Affidavit, Conditions of Service, and Consent for Treatment, Health Information Management Policy IHM 009~~
- ~~Consent for Treatment of Minor in the Lake Almanor Clinic, Lake Almanor Clinic Policy LAC 008.~~
- ~~Informed Consent - Surgical & Special Procedures, Lake Almanor Clinic Policy LAC 010.~~
- ~~Medical Staff consent obligations, Seneca Healthcare District Medical Staff By Laws.~~
- ~~Informed Consent, Anesthesia Policy ANTH 018.~~
- ~~Consent for Surgical Treatment Verification Of, Surgical Services Policy SX 003.~~

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: TLH-003.001**

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## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure that the rural health clinic (RHC) acquires proper patient consent for the use of telemedicine.

### 2. Responsibilities

The SHD receptionists are responsible for obtaining proper written consent at the time of registration, the provider will obtain verbal consent.

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### 2.3. Policy for Telemedicine Consent

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#### a. General

- i. For telemedicine, video-conferencing, or any media directly involving patient participation, both written and verbal consent are required.
- ii. Written consent is obtained through a written agreement between the patient and the medical facility where the consult occurs (Attachment A).
- iii. The consent form is subsequently appended to the patient's legal medical record.
- iv. For patients receiving telemedicine over video-conferencing, the ~~primary care physician~~ provider also secures the patient's verbal consent at the time a video connection is achieved.

#### b. Procedures

- i. Telemedicine patients must have a signed consent form on file for the current year entitled "Authorization and Consent to Participate in Telemedicine Consultation" (Attachment A).
- ii. The Authorization and Consent Form includes the following information:
  1. The purpose of the consult and the procedures involved;
  2. The name of the ~~primary care physician~~ provider;
  3. The nature of the consultation, including:
    - a. Medical history,
    - b. Examinations,
    - c. X-rays, and/or test(s) to be discussed,
    - d. Physical examination
    - e. The presence of non-medical personnel,
    - f. The use of video, audio, and or photo recordings during medical procedures, and, Associated risks.
  4. Patient rights, including:
    - a. Omitting specific detail of the history or examination that are personally sensitive,
    - b. Limiting the scope of the physical examination,
    - c. Requesting non-medical personnel to leave the consultation area, -and,
    - d. Withdrawing or withholding consent at any time during the procedure without affecting the right to receive care in the future.
- iii. The patient signs the form or alternatively signs the statement refusing participation in the consult at the bottom of the consent form

iv. The form may be signed by a patient proxy, with information indicating the nature of the proxy's relationship to the patient.

v. If the telemedicine consult involves interactive video, the ~~physician provider~~ additionally requests verbal consent from the patient or the patient proxy once the video link is established.

#### ~~3.4.~~ **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the ~~Sanctions Policy/Procedure, CMPL-005~~~~Sanctions Policy ADMIN-028.~~

### **REFERENCE**

This policy is applied in conjunction with the following policies for consent:

Photography and/or Video Consent, Administration Policy ADMIN-014.

- Photography and/or Video Consent, Administration Policy ADMIN-014.
- Contrast, CT Policy CT-001.
- Consent for Treatment of Minors in hospital, Emergency Medicine Policy ED-021.
- Consent: Informed/Implied, Emergency Medicine Policy ED-027.
- Consent: Caregiver's Affidavit, Conditions of Service, and Consent for Treatment, Health Information Management Policy HIM-009
- Consent for Treatment of Minor in the Lake Almanor Clinic, Lake Almanor Clinic Policy LAC-008.
- Informed Consent – Surgical & Special Procedures, Lake Almanor Clinic Policy LAC-010.
- Medical Staff consent obligations, Seneca Healthcare District Medical Staff By-Laws.
- Informed Consent, Anesthesia Policy ANTH-018.
- Consent for Surgical Treatment-Verification Of, Surgical Services Policy SX-003.

#### **Attachments:**

**Attachment A: Authorization and Consent/Refusal to Participate in Telemedicine Consultation (2 pages)**

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**Attachment A: Authorization and Consent/Refusal to Participate in Telemedicine  
Consultation – Page 1**



**AUTHORIZATION AND CONSENT TO PARTICIPATE  
IN TELEMEDICINE CONSULTATION**

Name:  
DOB:  
MR#:  
Account#:  
Service Date:

1. Purpose- The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following procedures(s):

Office Visit

2. Nature of Telemedicine Consultation- During the telemedicine consultation:

- Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio and telecommunications technology.
- Physical examination of you may take place.
- Non-medical technical personnel may be present in the telemedicine room to aid in video transmission.
- Video, audio, and/or photo recordings may be taken of the procedure(s)

3. Medical Information and Records- All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent.
4. Confidentiality- Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and California law apply to information disclosed during this telemedicine consultation.
5. Rights- You may withhold or withdraw consent to the telemedicine consultation at any time without affecting the right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
6. Disputes- I agree that any dispute arising from the telemedicine consult will be resolved in California, and that California law shall apply to all disputes.
7. Risks, Consequences and Benefits- I have been advised of all the potential risks, consequences and benefits of telemedicine. My health care practitioner has discussed with me the information provided above. I have had an opportunity to ask questions about this



## AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

1. Purpose. The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following procedure(s):

---

---

---

2. Nature of Telemedicine Consultation. During the telemedicine consultation:

- Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio and telecommunications technology.
- Physical examination of you may take place.
- Non-medical technical personnel may be present in the telemedicine room to aid in video transmission.
- Video, audio, and/or photo recordings may be taken of the procedure(s)

3. Medical Information and Records. All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent.

4. Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and California law apply to information disclosed during this telemedicine consultation.

5. Rights. You may withhold or withdraw consent to the telemedicine consultation at any time without affecting the right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

6. Disputes. I agree that any dispute arising from the telemedicine consult will be resolved in California, and that California law shall apply to all disputes.

7. Risks, Consequences and Benefits. I have been advised of all the potential risks, consequences and benefits of telemedicine. My health care practitioner has discussed with

**Attachment A: Authorization and Consent/Refusal to Participate in Telemedicine  
Consultation – Page 2**



**AUTHORIZATION AND CONSENT TO PARTICIPATE  
IN TELEMEDICINE CONSULTATION**

**Name:**  
**DOB:**  
**MR#:**  
**Account#:**  
**Service Date:**

information and all of my questions have been answered. I understand the written information provided above.

\_\_\_\_\_  
Signature Date

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
I refuse to participate in a telemedicine consultation for the procedure(s) described above.

\_\_\_\_\_  
Signature Date

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date



me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

\_\_\_\_\_  
Signature Date

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date

I refuse to participate in a telemedicine consultation for the procedure(s) described above.

\_\_\_\_\_  
Signature Date

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Date

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## SENECA HEALTHCARE DISTRICT POLICY & PROCEDURES

<b>DEPARTMENT: TELEHEALTH</b> <b>POLICY TITLE: TELEHEALTH CART SET MAINTENANCE</b> <b>POLICY NUMBER: TLH-004.001</b>  <b>COMPLIANCE REQUIREMENT:</b>	<b>Page 1 of 3</b>
	<b>Date of Origin:</b>
	<b>Revision Date:</b>
	<b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Shannan Phillips, Telehealth Coordinator</b> <b>REVISED BY: Ann Holt, BSN, RN, PHN, Clinic Manager</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**Policy:** Seneca Healthcare District (SHD) shall optimize cart maintenance, follow manufacturer instructions.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: TLH-005.001**

## PROCEDURE

### 1. Purpose

The purpose of this policy is to ensure proper maintenance of the telemedicine cart.

### 2. Responsibilities

The SHD telehealth department is responsible for manufacturer recommended cleaning & maintenance. The IT department is responsible for all device installation & software updates as notified by the telehealth department.

### 3. Policy for Telehealth Cart Set Maintenance

#### a. Equipment

- i. Polycom Camera
- ii. Polycom Monitor
- iii. Global Med Care Tone Attachment
- iv. Global Med Stethoscope
- v. Global Med Headphones
- vi. Global Med Dermoscope
  1. Exam Camera Hoods
  2. Exam Camera Tongue Depressor clip
- vii. Littmann Stethoscope
- ~~vii~~-viii. Eko Core Stethoscope

#### b. Instructions for maintenance

- i. Refer to User Guide for manufacturer recommendations for maintenance.
- ii. Telemedicine Coordinator or other staff will notify IT of any new device or software updates.

### 4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

## Attachments:

### Attachment A: TLH-005.FORM Annual Maintenance of Telehealth Cart

**Attachment A: TLH-005.FORM Annual Maintenance of Telehealth Cart**

<b>ANNUAL MAINTENANCE OF TELEHEALTH CART</b>	
<b>TASK:</b>	
<b>Tighten all Screws</b>	
<b>Tighten all Cables and Connections</b>	
<b>Inspect all Cables and Brackets for Damage</b>	
<b>Inspect PC for Internal Dust Buildup</b>	
<b>Inspect Light Box for Internal Dust Buildup</b>	
<b>Date of Inspection</b>	
<b>Name of Person Doing Inspection</b>	



3140 Gold Camp Drive #160  
Rancho Cordova, CA 95670  
916.853.9293  
[www.bskassociates.com](http://www.bskassociates.com)

Send via Email: [donna@building-rx.com](mailto:donna@building-rx.com)

May 19, 2023

BSK Proposal C00001212

Mr. Shawn McKenzie, CEO  
Seneca Healthcare District  
P.O. Box 737, 199 Reynolds Road  
Chester, CA 96020

SUBJECT: Special Inspection and Materials Testing Services  
Seneca Healthcare - New Building  
130 Brentwood Drive, Chester, CA 96020

Dear Mr. McKenzie:

BSK Associates is pleased to submit this proposal for Special Inspection and Materials Testing Services required for the *Seneca Healthcare - New Building* in *Chester, CA*. We have developed this proposal package specifically with your needs in mind and based on our experience with Special Inspection requirements of the California Building Code, correspondence with you regarding the project, and our prior experience with projects of this size and nature.

For your approval, we have included our scope of services and fee estimate, our basis for invoicing, and an authorization and acceptance form for our agreement. Should a detailed project schedule become available, BSK would appreciate the opportunity to confirm our estimate fits the final requirements of the project. Rates not specifically quoted will be charged per our published Schedule of Fees. The hourly rates/charges quoted are for the project duration. It is our understanding that there is no Project Labor Agreement in-place on this project, and that the project is subject to State of California prevailing wage requirements as determined by the Department of Industrial Relations.

In order for BSK to assist you in reducing exclusions from our Final Report, a copy of the project Testing and Inspection Sheet (prepared by the Structural Engineer, Architect and/or Building Official) should be submitted to our office prior to our first site visit. Further, our technicians are required to note they are referring to Approved Plans during their site inspections; a copy should be made available at the project site or fabrication location.

We appreciate the opportunity to submit this proposal. If you should have further questions or comments, please give us a call. We appreciate the opportunity to work with you. We will schedule the work upon your return of our Standard Agreement.

Respectfully submitted,  
BSK Associates



James K. Auser, PE  
CSD Group Manager



Veronica Rager  
Project Manager

Enclosure  
Scope of Services and Fee Estimate  
Basis for Invoicing  
Standard Agreement

SCOPE OF SERVICES AND FEE ESTIMATE  
*Seneca Healthcare - New Building*  
*130 Brentwood Drive, Chester, CA*

FIELD SERVICES	DAYS	HRS/DAY	HOURS	RATE	EXTENSION
Earthwork Construction					
Tree Removal Observation/Compaction Testing	16	8	128	\$140.00	\$17,920.00
Tree Removal Observation/Compaction Testing - OT	16	4	64	\$210.00	\$13,440.00
Nuclear Gauge Equipment Fee	15			\$67.00	\$1,005.00
Trip Charge (Mileage, Bridge Toll, Parking Fees)	16			\$330.00	\$5,280.00
FIELD SERVICES ESTIMATE					\$37,645.00

LABORATORY TESTING	FREQUENCY	SETS/UNITS	RATE	EXTENSION
Laboratory Testing				
Compaction Curves - Site Soils (4" Mold)	1 per material	2	\$282.00	\$564.00
LABORATORY TESTING ESTIMATE				\$564.00

BSK SERVICES ADMINISTRATION		HOURS	RATE	EXTENSION
Principal (Contract / Performance Oversight)		0.5	\$270.00	\$135.00
Registered Engineer (Review, support and reporting)		2	\$240.00	\$480.00
Project Manager (Field Oversight, Daily Report Review)		4	\$225.00	\$900.00
Administration (Data Processing, Report Prep., Field Coordination)		4	\$95.00	\$380.00
Certified Payroll / DIR Upload	Monthly	1	\$300.00	\$300.00
Reports				
Final Affidavit	1 Per Permit	1	\$375.00	\$375.00
ADMINISTRATION ESTIMATE				\$2,570.00
TOTAL BUDGET ESTIMATE				\$40,779.00

BASIS FOR INVOICING  
*Seneca Healthcare - New Building*  
*130 Brentwood Drive, Chester, CA*

Basis of Charges:

The charge schedule listed below will be our basis for invoicing.

Show-up (No site work performed)	Bill R/T Travel Time + 1 Hour
Work up to 4 Hrs.	Bill 4 Hours
Work from 4 to 8 Hrs.	Bill 8 Hours
Work from 8 to 12 Hrs. and Saturdays	Time and One Half
Work Over 12 Hrs., Sundays and Holidays	Double Time
Travel (Portal-to-Portal)	Hourly
Parking and Toll Charges (if applicable)	Daily Rate

Fees:

Our services will be performed on a time and material basis at unit rates herein listed. Portal-to-portal charge is based from our Sacramento office. Rates/charges not specifically quoted will be charged per our published Schedule of Fees. We estimate our fees for this project at \$40,779.00. This estimate is based upon our years of experience in this profession, but it is an estimate only. We endeavor to limit our charges to this estimate; however, events beyond our control may affect total cost. For example; if the work progresses quicker than anticipated, fees could be considerably less; or, if the work progresses slower than anticipated, our fees may exceed this estimate.

It is our practice to notify you if it appears our fees will exceed our estimate, but due to the timing and nature of our services and to ensure that your project is not delayed, this may not always be possible. Our invoices however will serve as an update of our progress as well as fees charged versus our estimate. Invoices are payable upon receipt and deemed delinquent if not paid within 30 days. Delinquent invoices may be subject to interest/service charges, and collection expenses including attorney's fees, at our election. As necessary to accommodate the construction schedule, BSK may use contract special inspectors to augment our staff. Inspections performed by contract providers will be billed as specified for BSK employees, herein, and at the rates included in the Fee Estimate.

Limitations:

BSK Associates provides special inspection services to assist you in verifying that the work is in substantial conformance to the project documents and as required by the California Building Code. These services shall not be construed as acceptance of the work or relieve the contractor in any way from his/her obligations and responsibilities as outlined in the applicable construction documents. BSK assumes no responsibility for the safety of others on the jobsite or the methods and means of construction. BSK will make every effort to respond to the emergent needs of your project, to assure better service we ask that you schedule inspection/testing activities at least 24 hours in advance. To avoid show-up charges, cancel such requests at least four hours in advance of our arrival time. Section 1701 of the CBC requires the special inspection agency to file a final report for the project. The report will be issued upon complete reconciliation of your account. This proposal for construction services shall be valid for not more than sixty (60) days from the date of presentation.

## INVOICE AND REPORT DISTRIBUTION

BSK Associates will issue our invoice to the following firm/contact. Please provide a separate accounts payable (AP) contact as appropriate:

Company: Seneca Healthcare District  
Address: P.O. Box 737  
199 Reynolds Road  
City, State, Zip: Chester, CA 96020  
Contact Name: Mr. Shawn McKenzie, CEO  
Contact Phone: (530) 258-2151  
E-Mail:

AP Contact: \_\_\_\_\_  
AP Phone: \_\_\_\_\_  
AP E-Mail: \_\_\_\_\_

BSK will issue special inspection and materials testing reports by electronic delivery to the following recipients. If additional recipients are desired, please complete and return this form accordingly:

### Client:

Company: Seneca Healthcare District  
Address: P.O. Box 737  
199 Reynolds Road  
City, State, Zip: Chester, CA, 96020  
Contact Name: Mr. Shawn McKenzie, CEO  
Contact Phone: (530) 258-2151  
E-Mail:

### Other:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact E-Mail: \_\_\_\_\_

### Building Department:

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact E-Mail: \_\_\_\_\_

### Other:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact E-Mail: \_\_\_\_\_

## AGREEMENT FOR CONSTRUCTION MATERIALS TESTING ENGINEERING & TESTING SERVICES

THIS AGREEMENT, effective as of this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, is by and between Seneca Healthcare District ("Client") and BSK Associates ("Company").

THIS PROJECT is generally described as:

*Special Inspection and Materials Testing Services*

*Seneca Healthcare - New Building*

and is located at:

*130 Brentwood Drive*

*Chester, CA ("Project Site")*

THIS AGREEMENT consists of the following documents which are incorporated herein by reference:

- PROPOSAL No. C00001212, DATED MAY 19, 2023
- GENERAL CONDITIONS FOR CONSTRUCTION MATERIALS ENGINEERING & TESTING SERVICES

Consultant agrees to perform the Services set forth in this Agreement and in accordance with its terms, including all attachments incorporated herein by reference. This agreement may not be modified or altered, except in writing as specifically described in this Agreement.

CLIENT:

COMPANY (BSK):

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ James K. Auser, PE

Title: \_\_\_\_\_ CSD Group Manager

Company: \_\_\_\_\_ BSK Associates

Address: \_\_\_\_\_ 3140 Gold Camp Drive #160

\_\_\_\_\_ Rancho Cordova, CA 95670

Date: \_\_\_\_\_

# GENERAL CONDITIONS FOR CONSTRUCTION MATERIALS ENGINEERING AND TESTING SERVICES

## 1. DEFINITIONS

**1.1 Certification.** CONSULTANT's expression of a professional opinion based upon the SERVICES CONSULTANT performed. A certification does not constitute a warranty or guarantee, either express or implied.

**1.2 Contractor.** The Contractor or Contractors, including its/their subcontractors of every tier, retained to perform construction work on the project for which CONSULTANT is providing SERVICES under this AGREEMENT.

**1.3 CONSULTANT Entities.** The CONSULTANT and its subconsultants, subcontractors, and agents, and all of their respective shareholders, directors, officers, employees, and agents, and their heirs and assigns.

**1.4 Day(s).** Calendar day(s) unless otherwise stated.

**1.5 Hazardous Materials.** Any toxic substances, chemicals, radioactivity, pollutants, or other materials, in whatever form or state, known or suspected to impair the environment in any way whatsoever. Hazardous materials include, but are not limited to, those substances defined, designated, or listed in any federal, state, or local law, regulation, or ordinance concerning hazardous wastes, toxic substances, or pollution.

**1.6 Inspect, Inspection.** Visual determination of conformance with specific requirements.

**1.7 Instruments of Professional Service.** All documents and information – e.g., letters, memoranda, reports, boring logs, maps, field data, field notes, drawings and specifications, and test data prepared by CONSULTANT.

**1.8 General Contractor.** The contractor that has overall responsibility for project-site activities, including site safety and security, and is in charge of all other contractors and subcontractors hired for the project.

**1.9 Observation, Observe.** On the basis of CONSULTANT's professional judgment, the act of visual evaluation or visually evaluating general conformance with requirements.

**1.10 Services.** The professional SERVICES provided by CONSULTANT under this AGREEMENT including SERVICES described in the scope of SERVICES included in Exhibit A and any written task order or amendment to this AGREEMENT.

**1.11 Subcontractor.** Contractor hired by the General Contractor or another contractor or subcontractor.

**1.12 Test(s), Testing.** Measurement, examination, and other activities to assess the characteristics or performance of materials.

**1.13 Work.** A contractor's or subcontractor's labor, materials, equipment, and constructed results.

## 2. ACCEPTANCE OF TERMS AND CONDITIONS

Unless otherwise specifically stated by CLIENT in writing, CLIENT's request that CONSULTANT initiate SERVICES will constitute CLIENT's acceptance of this AGREEMENT and all of its terms and conditions. Any additional or different terms that CLIENT provides in any subsequent acknowledgment, purchase order, task order, or other document that vary from any of the terms herein or in CONSULTANT's proposal are hereby objected to and rejected. Any such terms proposed by CLIENT, whether by offer or acceptance, shall be void unless CONSULTANT expressly agrees to them in writing.

## 3. SCOPE OF SERVICES

**3.1 Services Provided; Independent Contractor.** CONSULTANT will provide the SERVICES set forth in the scope of SERVICES (Exhibit A) as an independent contractor.

**3.2 Authority of CONSULTANT.** CONSULTANT will report to CLIENT data and results of observation, inspection, and testing as set forth in the scope of SERVICES (Exhibit A). CONSULTANT will report to CLIENT or CLIENT's representative observed or inspected work that, in CONSULTANT's opinion, fails to conform to project plans and specifications. CONSULTANT has no right or responsibility to approve, accept, reject, or stop work of any agent of CLIENT. No action of CONSULTANT or CONSULTANT's site representative(s) shall be construed by any party as revoking, altering, enlarging, relaxing, or releasing any requirement of the plans, specifications, and codes applicable to the project or any AGREEMENT between CLIENT and others. Such rights are reserved solely for CLIENT

**3.3 Variation of Material Characteristics and Conditions.** CONSULTANT's observations and standardized sampling, inspection, and testing procedures indicate conditions of materials and construction activities only at the precise location where and precise time when CONSULTANT performed SERVICES. CLIENT recognizes that conditions of materials and construction activities at other locations may vary from those measured, observed, or inspected, and that conditions at one location and time cannot be relied on to indicate the conditions at other locations and times, even when the materials involved appear to be identical. Nonetheless, CONSULTANT may make inferences based upon the information derived from these procedures to formulate professional opinions about conditions in other areas. Nonetheless, CONSULTANT is responsible only for those data, interpretations, and recommendations about the actual materials and construction activities it observes, inspects, samples, or tests. Even if performed on a continuous basis, SERVICES do not and should not be interpreted to mean that CONSULTANT is observing, inspecting, or testing all materials on the project. CONSULTANT is not responsible for other parties' interpretations or use of the information CONSULTANT developed.

**3.4 Scheduling and Frequency of Observations, Inspections, and Testing.** CLIENT acknowledges that CLIENT – directly or by CLIENT's designee – has the sole right and sole responsibility to determine the extent, frequency, and scheduling of observations, inspections, and testing performed by CONSULTANT. Accordingly, CLIENT also acknowledges that CONSULTANT bears no responsibility for damages that may accrue because CONSULTANT did not perform observations, inspections, or testing that CLIENT failed to request or schedule.

**3.5 Changes in Scope.** If CONSULTANT provides CLIENT with a writing confirming a change in the SCOPE OF SERVICES, it will become an amendment to this AGREEMENT unless CLIENT objects in writing within 5 business days after receipt. All SERVICES performed by CONSULTANT on the Project are subject to the terms and limitations of this AGREEMENT. If SERVICES are performed, but the parties do not reach AGREEMENT concerning modifications to the SCOPE OF SERVICES or compensation, then the terms and limitations of this AGREEMENT apply to such SERVICES, except for the payment terms. The parties agree to resolve disputes concerning modifications to scope or compensation pursuant to Section 19, "Disputes."

**3.6 Licenses.** CONSULTANT will procure and maintain business and professional licenses and registrations necessary to provide its SERVICES.

**3.7 Excluded Services.** CONSULTANT'S SERVICES under this AGREEMENT include only those SERVICES specified in the SCOPE OF SERVICES, or a written amendment(s) thereto. Engineer shall have no other responsibility or obligation except as agreed to in writing.

CLIENT expressly waives any claim against CONSULTANT resulting from its failure to perform recommended additional SERVICES that CLIENT has not authorized CONSULTANT to perform, and any claim that CONSULTANT failed to perform SERVICES that CLIENT instructed CONSULTANT not to perform.

**3.8 No Fiduciary Responsibility.** CLIENT agrees that CONSULTANT has been engaged to provide technical professional SERVICES only and that CONSULTANT does not owe a fiduciary responsibility to CLIENT or to the project Owner, if different from CLIENT.

#### **4. PAYMENTS TO CONSULTANT**

**4.1 Basic Services, Fees, and Expenses.** CONSULTANT will perform SERVICES for the amount(s) set forth in the schedule of charges in Exhibit A. CLIENT acknowledges that the schedule of charges is subject to periodic review and amendment to reflect CONSULTANT's then-current fee structure. CONSULTANT will give CLIENT at least thirty (30) days' advance notice of any changes to its schedule of charges. Unless CLIENT objects in writing to such changes within thirty (30) days of notification, the amended fee structure will be incorporated into this AGREEMENT and will supersede any prior fee structure.

**4.2 Additional Services.** Any SERVICES CONSULTANT performs under this AGREEMENT, except those SERVICES expressly identified otherwise in the scope of SERVICES (Exhibit A), will be performed on a time-and-materials basis unless both parties specifically agree otherwise in writing.

**4.3 Estimate of Fees and Expenses.** CONSULTANT will, to the best of its ability, perform the SERVICES and accomplish the objectives defined in this AGREEMENT for no more than the cost (Consultant's fee and expenses) estimated in writing by Consultant. Client recognizes that unforeseen circumstances, including scope and schedule changes, can affect Consultant's ability to complete its SERVICES for no more than the estimated cost. Accordingly, Client agrees that a cost estimate or "not-to-exceed" limitation does not constitute a guarantee that Consultant will be able to complete the SERVICES for that amount. Instead, a cost estimate or "not-to-exceed" limitation indicates only that Consultant will not incur costs in excess of the estimate or limitation amount without first obtaining Client's AGREEMENT to do so.

**4.4 Prevailing Wages.** Unless CLIENT specifically informs CONSULTANT in writing that prevailing-wage regulations cover the project and the SERVICES, CLIENT hereby releases and agrees to reimburse CONSULTANT for any liability and all costs (including fines and attorney's fees) CONSULTANT may incur resulting from a subsequent determination that prevailing-wage regulations cover the project.

**4.5 Other Cost Escalations.** CLIENT agrees to increase its compensation to CONSULTANT as a consequence of additional expenses CONSULTANT is required to bear, including, but not being limited to, a sales tax and/or gross receipts tax on CONSULTANT's SERVICES.

**4.6 Payment Timing; Late Charge.** CONSULTANT will submit invoices to CLIENT periodically, but no more frequently than every fourteen (14) days. All invoices are due and payable upon presentation. Any undisputed amounts unpaid thirty (30) days after the invoice date will include a late-payment charge from the date of the invoice, at 1½% per month or the maximum legal rate, whichever is lower. CLIENT's failure to pay CONSULTANT within thirty (30) days of the date of CONSULTANT's invoice will constitute CLIENT's substantial failure to perform under this AGREEMENT, and CLIENT will remunerate CONSULTANT for all time spent and all expenses incurred (including, but not being limited to, the fees and expenses of any collection agency and/or attorney, and any court costs) in connection with collecting any delinquent amount. In addition, Engineer may suspend performance of the SERVICES when such failure to pay continues for fifteen (15) days following notice to Client of the same.

**4.7 Payment Disputes.** If CLIENT objects to any portion of an invoice, CLIENT must so notify CONSULTANT in writing within ten (10) days of the invoice date, identifying in such notice the cause of the disagreement. The parties will immediately make every effort to resolve the disputed portion of the invoice. Payment thereafter will first be applied to accrued interest and then to the unpaid principal amount.

## **5. PERFORMANCE STANDARD**

**5.1 Level of Service.** CONSULTANT offers different levels of geotechnical engineering SERVICES to suit the desires and needs of different clients. Although the possibility of error can never be eliminated, more detailed and extensive SERVICES yield more information and reduce the probability of error, but at increased cost. CLIENT must determine the level of SERVICES adequate for its purposes. CLIENT has reviewed the Scope of SERVICES and has determined that it does not need or want a greater level of SERVICES than that being provided.

**5.2 Standard of Care.** Subject to the limitations inherent in the agreed Scope of SERVICES as to the degree of care, the amount of time and expenses to be incurred, and subject to any other limitations contained in this AGREEMENT, CONSULTANT will perform its SERVICES consistent with that level of care and skill ordinarily exercised by other professional engineers practicing in the same locale and under similar circumstances at the time the SERVICES are performed. No representation, express or implied, and no warranty or guarantee is included in or intended by this AGREEMENT or by any report, opinion, document, or other instrument of professional service. CONSULTANT disclaims any implied warranties or warranties imposed by law, including warranties of merchantability and fitness for a particular purpose. Even if performed on a continuous basis, CONSULTANT's SERVICES do not constitute observing, inspecting, or verifying placement of all materials of the project.

**5.3 Compliance with Codes and Referenced Standards.** As required by the applicable standard of care, CONSULTANT will perform its SERVICES in accordance with federal, state, and local codes, standards, statutes, and regulations applicable to CONSULTANT when CONSULTANT prepared the scope of SERVICES (Exhibit A). CONSULTANT will perform its observations, inspections, and tests in general accordance with the standards CONSULTANT references. CONSULTANT makes no representation about compliance with any standards it does not reference.

**5.4 Sampling, Observation, Inspection, and Test Locations.** Unless specifically stated otherwise, the scope of SERVICES (Exhibit A) excludes surveying the project site or precisely identifying sampling, observation, inspection, or test locations, depths, or elevations. In accordance with customary practice, CONSULTANT will base sampling, observation, inspection, and test locations, depths, and elevations on field estimates and information furnished by CLIENT and its representatives. Unless stated otherwise in CONSULTANT's report(s), such locations, depths, and elevations are approximate.

**5.5 Sample Disposal.** CONSULTANT will dispose of samples immediately after submitting the report covering those samples. If CLIENT prefers CONSULTANT to store samples for a longer period or transfer them to another party, CLIENT shall submit to CONSULTANT a timely written notice through which CLIENT also agrees to appropriately compensate CONSULTANT for the additional service.

**5.6 Buried Utilities and Structures; Property/Work Restoration.** If the SERVICES require borings, test pits, or other invasive subsurface-exploratory SERVICES, CLIENT will provide to CONSULTANT all information it possesses about the location and nature of underground utilities and structures. To reduce the risk of damage or injury to underground utilities and structures, CONSULTANT will rely on CLIENT-furnished information and will also contact an appropriate utility locator. CLIENT agrees to hold CONSULTANT harmless for any damage to underground utilities or structures that are not called to CONSULTANT's attention or that are shown incorrectly on plans or drawings furnished for the purpose of locating such utilities and structures. CONSULTANT will take reasonable precautions to limit the damage to the project site or work caused by the performance of its SERVICES. CLIENT understands that some damage may necessarily occur in the normal course of performing SERVICES, and that this AGREEMENT excludes repair of such damage unless specifically stated otherwise in the scope of SERVICES (Exhibit A) or via a subsequent amendment to this AGREEMENT.

## 6. CONTRACTOR'S PERFORMANCE

CONSULTANT is not responsible for any contractor's means, methods, techniques, or sequences during the performance of any contractor's work. CONSULTANT will not supervise or direct any contractor's work nor be liable for any failure of contractor to complete its work in accordance with the project's plans, specifications, and/or applicable codes, laws, and regulations. CLIENT understands and agrees that the general contractor, not CONSULTANT, has sole responsibility for the safety and security of persons and property at the project site. CONSULTANT shall not be responsible for the acts, errors or omissions of the Contractor, Owner, CLIENT other consultants, or any other persons or entities performing work on the project, except those under the direct control of CONSULTANT.

## 7. CLIENT'S RESPONSIBILITIES

In addition to compensating CONSULTANT for SERVICES, CLIENT agrees to:

**7.1 Cooperation.** Assist and cooperate with CONSULTANT in any manner necessary and within its ability to facilitate CONSULTANT's performance under this AGREEMENT.

**7.2 Access.** Grant or obtain free access to the project site for all equipment and personnel necessary for CONSULTANT to perform its SERVICES.

**7.3 Representative.** Designate a representative to transmit notices and information pertaining to the SERVICES, communicate CLIENT's policies and decisions, and assist as necessary in matters pertaining to the project and this AGREEMENT. CLIENT may change its representative by written notice.

**7.4 Information.** Supply to CONSULTANT all information and documents relevant to the SERVICES. CONSULTANT may rely upon such information without independently verifying its accuracy. CLIENT will notify CONSULTANT of any known potential or possible health or safety hazard associated with the materials to be tested, including their intended use, chemical composition, relevant MSDS, manufacturers' specifications and literature, and any previous test results.

**7.5 Project Information.** Within seven (7) days of receiving CONSULTANT's written request to do so, CLIENT will provide to CONSULTANT a correct statement of the recorded legal title to the property on which the project is located and the CLIENT's and/or owner's interest therein.

**7.6 Subsurface Structures.** Correctly designate on plans to be furnished to CONSULTANT the location of all subsurface structures, such as pipes, tanks, cables and utilities within the property lines of the Project Site(s), and be responsible for any damage inadvertently caused by CONSULTANT to any such structure or utility not so designated. CONSULTANT is not liable to CLIENT for any losses, damages or claims arising from damage to subterranean structures or utilities that were not correctly shown on plans furnished by CLIENT to CONSULTANT.

## 8. UNANTICIPATED AND CHANGED CONDITIONS

CONSULTANT will give to CLIENT written notice of CONSULTANT's discovery of conditions or circumstances CONSULTANT did not contemplate at the time of this AGREEMENT ("Changed Conditions"). CLIENT and CONSULTANT will then negotiate an appropriate amendment to this AGREEMENT. If they cannot agree upon an amendment within thirty (30) days after CONSULTANT gives notice, CONSULTANT may terminate this AGREEMENT and be compensated as set forth in Section 13, "Suspension and Delay; Termination." Underground utilities and other structures that are not properly located on plans and specifications provided to CONSULTANT will be considered a Changed Condition under this clause.

## 9. CERTIFICATIONS

CLIENT agrees not to require that CONSULTANT execute any certification with regard to SERVICES performed or Work tested and/or observed under this AGREEMENT unless: 1) CONSULTANT believes that it has performed sufficient SERVICES to provide a sufficient basis to issue the certification; 2) CONSULTANT believes that the SERVICES performed or Work tested and/or observed meet the criteria of the certification; and 3) CONSULTANT has reviewed and approved in writing the exact form of such certification prior to execution of this AGREEMENT. Any certification by CONSULTANT is limited to an expression of professional opinion based upon the SERVICES performed by CONSULTANT and does not constitute a warranty or guarantee, either expressed or implied. Any such certification in no way relieves the contractor or any other party from meeting requirements imposed by contract or other means, including industry standards. CLIENT further agrees not to make resolution of any dispute with the CONSULTANT or payment of any sums due CONSULTANT in any way contingent on CONSULTANT signing any such certification or similar document.

## 10. ALLOCATION OF RISK

**10.1 Limitation of Remedies.** In recognition of the relative risks and benefits of the project to CLIENT and CONSULTANT, the risks are allocated such that CLIENT agrees, to the fullest extent permitted by law, that the total cumulative liability of CONSULTANT, its subconsultants and subcontractors, and all of their respective shareholders, directors, officers, employees and agents (collectively "CONSULTANT Entities"), to CLIENT arising from SERVICES under this AGREEMENT, including any indemnity obligation, any defense costs and attorney's fees, and any consequential damages which may be due under this AGREEMENT, will not exceed the gross compensation received by CONSULTANT under this AGREEMENT or \$\_\_\_\_\_, whichever is greater; provided, however, that such liability is further limited as described below. This limitation applies to all lawsuits, claims or actions that allege errors or omissions in CONSULTANT Entities' SERVICES, whether alleged to arise in tort, contract, warranty, or other legal theory. Upon CLIENT's written request, CONSULTANT and CLIENT may agree to increase the limitation to a greater amount in exchange for a negotiated increase in CONSULTANT's fee, provided that they amend this AGREEMENT in writing as provided in Section 15.3. CLIENT further agrees to require any contractor or subcontractor who may perform work in connection with any design, report or study by CONSULTANT to include a like indemnity and limitation of remedies clause in favor of CONSULTANT. Client and CONSULTANT agree that this clause was expressly negotiated and agreed upon.

### 10.2. Indemnification.

**10.2.1. Indemnification of CLIENT.** Subject to all otherwise applicable statutes of limitations and repose and the provisions and limitations of this AGREEMENT, including section 10.1 above, CONSULTANT agrees to indemnify and hold harmless CLIENT its shareholders, officers, directors, and employees from and against any and all third party claims, suits, liabilities, damages, expenses, or losses (including reimbursement of reasonable attorney's fees and costs of defense), (collectively "Losses") to the extent caused by CONSULTANT's negligent performance of its SERVICES under this AGREEMENT. With regard to any claim alleging CONSULTANT'S negligent performance of professional SERVICES, CONSULTANT's defense obligation under this indemnity paragraph means only the reimbursement of reasonable defense costs to the proportionate extent of its actual indemnity obligation hereunder. The indemnity obligations provided under this section shall only apply to the extent such Losses are determined by a court of competent jurisdiction or arbitrator to have been caused by the negligence of Engineer.

**10.2.2. Indemnification of CONSULTANT.** CLIENT will indemnify and hold harmless CONSULTANT Entities from and against any and all Losses to the extent caused by the negligence or willful misconduct of CLIENT, its employees, agents and contractors. In addition, except to the extent caused by CONSULTANT's sole negligence, CLIENT expressly agrees to defend, indemnify and hold harmless CONSULTANT Entities from and against any and all Losses arising from or related to the existence, disposal, release, discharge, treatment or transportation of Hazardous Materials, or the exposure of any person to Hazardous Materials, or the degradation of the environment due to the presence, discharge, disposal, release of or exposure to Hazardous Material.

**10.3 No Personal Liability.** CLIENT and CONSULTANT intend that CONSULTANT's SERVICES will not subject CONSULTANT's individual employees, officers, or directors to personal liability. Therefore, and notwithstanding any other provision of this AGREEMENT, CLIENT agrees as its sole and exclusive remedy to direct or assert any claim, demand, or suit only against the business entity identified as "CONSULTANT" on the first page of this AGREEMENT.

**10.4 Deviation from Recommendations.** Unless specifically agreed otherwise in writing, CLIENT agrees that CONSULTANT bears no responsibility for ensuring CLIENT's or any other party's compliance with any specifications, procedures, or recommendations provided by CONSULTANT to CLIENT under this AGREEMENT (collectively, "recommendations"). CLIENT hereby releases CONSULTANT from all liability arising from any other party's failure to fully comply with recommendations, and CLIENT will defend, indemnify, and hold harmless CONSULTANT from any party's claims for losses arising from or related to CLIENT'S or any other party's failure to fully comply with recommendations.

**10.5. Consequential Damages.** Neither CLIENT nor CONSULTANT will be liable to the other for any special, consequential, incidental, indirect, punitive or penal losses or damages including but not limited to losses, damages or claims related to the unavailability of property or facilities, shutdowns or service interruptions, loss of use, profits, revenue, business, reputation, financing or inventory, or for use charges, cost of capital, or claims of the other party or its customers. This waiver applies to all such claims and damages, whether based on contract, warranty, tort or any other legal theory.

**10.6. Continuing AGREEMENT.** The indemnity obligations, limitation of remedies, and consequential damages waiver established under this AGREEMENT will survive the expiration or termination of this AGREEMENT. If CONSULTANT provides additional or different SERVICES to CLIENT that the parties do not confirm through execution of an amendment to this AGREEMENT, the obligations of the parties to indemnify each other, the limitations on liability, and the consequential damages waiver established under this AGREEMENT apply to such SERVICES as if the parties had executed an amendment.

## 11. INSURANCE

**11.1 CONSULTANT's Insurance.** If reasonably available, CONSULTANT will maintain the following coverages:

**11.1.1** Statutory workers' compensation/employer's liability insurance;

**11.1.2** Commercial general liability insurance with a combined single limit of [\$ 2,000,000 ];

**11.1.3** Automobile liability insurance, including liability for all owned, hired, and nonowned vehicles with minimum limits of [\$ 1,000,000 ] for bodily injury per person, [\$ 1,000,000 ] property damage, and [\$ 1,000,000 ] combined single limit per occurrence; and

**11.1.4** Professional liability insurance with a limit of at least [\$ 1,000,000 ] per claim and annual aggregate.

**11.2 CLIENT's Insurance.** As appropriate, CLIENT will obtain builder's risk insurance or other property insurance to protect it from injury or damage to the project, and which waives all rights of subrogation against CONSULTANT, and names CONSULTANT as an additional insured. Proceeds from such insurance will be held by CLIENT as trustee and will be payable to CONSULTANT as its interests appear. CLIENT will also require that all contractors and subcontractors for the Project name CONSULTANT as an additional insured under their General Liability and Automobile Liability insurance policies

**11.3 Certificates of Insurance.** Upon request, CONSULTANT and CLIENT will each provide to the other certificate(s) of insurance evidencing the existence of the policies required herein. Except for professional liability and workers' compensation insurance, all policies required under this AGREEMENT shall contain a waiver of subrogation.

## 12. OWNERSHIP AND USE OF CLIENT DOCUMENTS AND INSTRUMENTS OF PROFESSIONAL SERVICE

**12.1 CLIENT Documents.** All documents provided by CLIENT will remain CLIENT's property. CONSULTANT will return all such documents to CLIENT upon CLIENT's request. CLIENT will permit CONSULTANT to make and retain copies of all CLIENT documents.

**12.2 Instruments of Professional Service.** Except as otherwise agreed to by CLIENT and CONSULTANT, instruments of professional service are and shall remain CONSULTANT's property, and CONSULTANT has the right, in its sole discretion, to dispose of or retain the instruments of professional service. CLIENT will not provide instruments of professional service to any other person or entity without CONSULTANT's prior written consent.

**12.2.1 Use by CLIENT.** CLIENT has CONSULTANT's permission to use CONSULTANT's instruments of professional service for purposes reasonably connected with this project, including, without limitation, the project's design and licensing requirements.

**12.2.2 Use by CONSULTANT.** CONSULTANT may use CONSULTANT's instruments of professional service for any purpose. CONSULTANT owns any patentable concepts or copyrightable materials arising from CONSULTANT's SERVICES.

**12.3 Electronic Media.** At CLIENT's request, CONSULTANT will provide instruments of professional service to CLIENT in an electronic format, but CLIENT recognizes that CONSULTANT makes no warranties, either express or implied, about the fitness or suitability of any electronically transmitted instruments of professional service or media. CLIENT agrees that CONSULTANT's original, hard-copy instruments of professional service remain the actual instruments of professional service.

**12.4 Unauthorized Use and Reliance.** No party other than CLIENT may rely on CONSULTANT's instruments of professional service without CONSULTANT's prior written consent, CONSULTANT's receipt of additional compensation, and the written AGREEMENT of the party seeking reliance to be bound by the same terms and conditions as CLIENT herein. CLIENT waives any and all claims against CONSULTANT resulting from the unauthorized use or alteration of instruments of professional service, including those in electronic format, by CLIENT or any party obtaining instruments of professional service through CLIENT. CLIENT will defend, indemnify, and hold harmless CONSULTANT from and against any claim, action, or proceeding brought by any party claiming to have relied upon information or opinions contained in instruments of professional service without having obtained CONSULTANT's prior written consent to do so, and any claim arising out of or related to the unauthorized use, reuse, or modification of the instruments of professional service by CLIENT or any party obtaining them through CLIENT.

**12.5 Confidentiality.** CONSULTANT will hold confidential business and technical information obtained from CLIENT or CLIENT's representatives or generated in the performance of the SERVICES under this AGREEMENT and first identified in writing by CLIENT as "confidential." CONSULTANT will not disclose such information without the consent of CLIENT except to the extent required for: 1) performance of SERVICES under this AGREEMENT; 2) compliance with professional or ethical standards of conduct for preservation of public health, safety, and welfare; 3) compliance with any court order or other government directive; and/or 4) protection of CONSULTANT against claims or liabilities arising from performance of SERVICES under this AGREEMENT. CONSULTANT's obligation hereunder will not apply to information in the public domain or lawfully acquired from others on a nonconfidential basis.

### 13. SUSPENSION AND DELAY; TERMINATION

**13.1 Suspension and Delay.** Upon ten (10) days' written notice to CONSULTANT, CLIENT may suspend CONSULTANT's SERVICES. Upon ten (10) days' written notice to CLIENT, CONSULTANT may terminate this AGREEMENT if CLIENT suspends the SERVICES for more than 60 days, in which case CLIENT will compensate CONSULTANT as provided in Section 13.4. If CLIENT suspends the SERVICES, or if CLIENT or others delay CONSULTANT's SERVICES, CLIENT and CONSULTANT agree to equitably adjust the time for completion of the SERVICES and CONSULTANT's compensation for the additional labor, equipment, and other expenses associated with maintaining CONSULTANT's workforce for CLIENT's benefit during the delay or suspension, and any expenses incurred by CONSULTANT for demobilization and subsequent remobilization.

**13.2 Termination for Convenience.** CONSULTANT and CLIENT may terminate this AGREEMENT for convenience upon ten (10) days' written notice delivered or mailed to the other party.

**13.3 Termination for Cause.** In the event that either party breaches this AGREEMENT, the nonbreaching party may deliver to the breaching party a written termination notice that states the basis for termination. Neither party may terminate this AGREEMENT for cause if the breaching party cures the breach within ten (10) days after receiving the termination notice. The nonbreaching party has the right to terminate this Agreement if the breaching party fails to cure the breach within the ten-day (10-day) period.

**13.4 Payment on Termination.** Following termination other than for CONSULTANT's breach of this AGREEMENT, CLIENT will pay CONSULTANT for the SERVICES performed prior to the termination-notice date, and for any necessary SERVICES and expenses incurred in connection with the termination, including, but not limited to, the costs of completing analyses, records, and reports necessary to document project status at the time of termination and costs associated with termination of subconsultant and/or subcontractor contracts in accordance with CONSULTANT's then-current schedule of charges in Exhibit A.

**13.5 Force Majeure.** In the event that CONSULTANT is prevented from completing performance of its obligations under this AGREEMENT by adverse weather or other occurrence beyond the control of CONSULTANT, then CONSULTANT will be excused from any further performance of its obligations and undertakings. In the event of a force majeure delay that does not result in termination of the AGREEMENT, schedules will be equitably adjusted.

### 14. DISPUTES

**14.1 Mediation.** All disputes between CONSULTANT and CLIENT are subject to mediation before either party initiates any other method of dispute resolution. Either party may demand mediation by serving a written notice stating the essential nature of the dispute, the amount of time or money claimed, and requiring that the matter be mediated. Should mediation fail to resolve the dispute, the parties shall proceed to nonbinding arbitration before a mutually agreed-upon arbitrator(s) or to litigation, as mutually agreed by the parties.

**14.2 Choice of Law; Venue.** This AGREEMENT will be construed in accordance with and governed by the laws of the state in which the project is located.

**14.3 Statutes of Limitations.** Any claim related to or arising out of this AGREEMENT by either party, whether known or unknown, including but not limited to claims for breach of this AGREEMENT or for the failure to perform in accordance with the applicable standard of care, shall be made within two (2) years from the time the CLIENT knew or should have known of its claim, but in any event, not later than four (4) years after the completion of CONSULTANT'S SERVICES on the project.

### 15. MISCELLANEOUS

**15.1 Assignment and Subcontracts.** During the term of this AGREEMENT and following its termination for any reason, neither CLIENT nor CONSULTANT shall assign, convey, sublet or transfer any rights under or interest in this AGREEMENT without the prior written consent of the other party, including but not limited to, (a) any interest in the proceeds of this AGREEMENT, or any proceeds of claims arising from or under this AGREEMENT; (b) any rights, claims, or causes of action alleging breach, loss or damages arising from or under this AGREEMENT; (c) the control of claims or causes of action against the other party arising from or under this AGREEMENT; and (d) any proceeds from claims or causes of action as security, collateral or the source of payment for any notes or liabilities to any third party. This section shall not, however, apply to any subrogation rights (if any) of any insurer of either party. Any assignment that fails to comply with this paragraph will be void and of no effect. CONSULTANT may subcontract for the SERVICES of others without obtaining CLIENT's consent if CONSULTANT deems it necessary or desirable for others to perform certain SERVICES.

**15.2 Integration and Severability.** This AGREEMENT reflects the parties' entire AGREEMENT with respect to its terms and limitations and supersedes all prior AGREEMENTS, written and oral. If any portion of this AGREEMENT is found void or voidable, CLIENT and CONSULTANT will consider that portion stricken and will reform the AGREEMENT to achieve as much of the stricken portions' purpose as possible. These terms and conditions survive the completion of the SERVICES and the termination of the AGREEMENT, whether termination is for cause or for convenience. If any portion of this AGREEMENT is void or voidable, such portion will be deemed stricken and the AGREEMENT reformed to as closely approximate the stricken portions as the law allows, and the remaining provisions of this AGREEMENT shall be valid and binding on both the CLIENT and CONSULTANT.

**15.3 Modification of This AGREEMENT.** This AGREEMENT may be modified or altered only via a written AGREEMENT that refers specifically to this AGREEMENT and is signed by an authorized representative of each party.

**15.4 Notices.** Any and all notices, requests, instructions, or other communications given by either party to the other must be in writing and either hand-delivered to the recipient or delivered by first-class mail (postage prepaid) or express mail (billed to sender) at the addresses given in this AGREEMENT.

**15.5 Headings.** The headings used in this AGREEMENT are for convenience only. They are not a part of this AGREEMENT.

**15.6 Waiver.** The waiver of any term, condition, or breach of this AGREEMENT will not operate as a subsequent waiver of the same term, condition, or breach.

**15.7 Precedence.** These General Conditions take precedence over any inconsistent or contradictory provisions contained in any other AGREEMENT term, proposal, purchase order, requisition, notice to proceed, or other document regarding CONSULTANT's SERVICES.

**15.8 Incorporation of Provisions Required by Law.** This AGREEMENT includes each provision and clause required by law, and the AGREEMENT should be read and enforced as though each such provision and clause were set forth in its entirety.

**15.9 No Third Party Rights.** Nothing in this AGREEMENT or as a consequence of any of the SERVICES provided gives any rights or benefits to anyone other than the CLIENT and CONSULTANT. All duties and responsibilities undertaken in this AGREEMENT are for the sole use and exclusive benefit of CLIENT and not for the use or benefit of any other party.

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***End of General Conditions***



**Seneca Healthcare District**  
**Financial Statements - Board Report (DRAFT)**  
**March 2023**

**Summary**

Seneca Healthcare District had net income of \$510k, during the month, compared to budgeted income of \$1.04M; for a negative variance of \$526k. This was primarily due to negative variances in net patient revenue, total operating expenses, and non-operating revenue (QIP supplemental payment).

**Revenues**

Gross patient revenue, for the month, ended at \$2.00M compared to a budgeted amount of \$2.02M, for a negative variance of \$26k. Both inpatient and outpatient gross revenue were slightly below the budgeted amount. Net patient revenue as a percentage of gross was 60.9% compared to a budget of 62.8%.

There were 14 acute inpatient days in the month (budget of 23), and 28 swing bed days (budget of 23), resulting in an average daily census (ADC) of 1.35 patients per day. The skilled nursing unit had an ADC of 13.65 (budget of 15), resulting in an occupancy percent of 85.28%.

Outpatient revenue was \$1.41M versus a budget of \$1.43M for a negative variance of \$16k. Lake Almanor Clinic visits were 403 versus a budgeted amount of 676.

**Expenses**

Total operating expenses for the month were \$1.88M, versus a budget of \$1.74M, for a negative variance of \$142k.

**Salaries & Wages:** Salaries and wages were over budget by \$66k.

FTEs, for the month, were 104.18 versus a budget of 100.75 and the average hourly wage (AHW) was \$38.39 versus a budget of \$38.08.

**Contract Labor:** Contract labor was over budget by \$4k, this month.

FTEs, for the month, were 9.85 versus a budget of 10.10 and the AHW was \$96.45 versus a budget of \$91.72.

**Pro Fees Medical:** See attached analysis

**Repairs and Maintenance:** Over budget by \$31k due to break/fix repairs for OR equipment and contract snow removal costs.

**All Other Expense Categories:** All categories either slightly above or slightly below the budgeted amount.

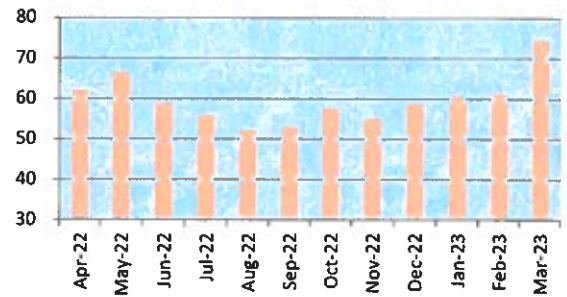
**Additional Information**

Days of cash on hand decreased from 178.1 to 160.5. This was mainly due to there being three paid payrolls in the month of March 2023 and new hospital build expenditures.

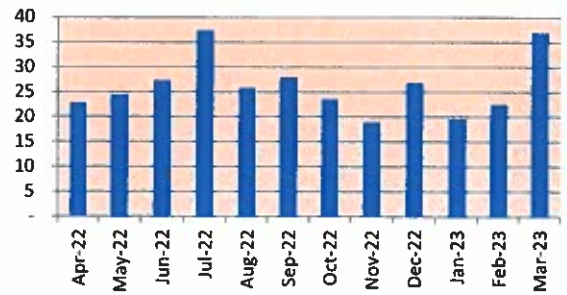
**Revenue Cycle**

Gross accounts receivable ended the month at \$4.12M, which is a \$72k increase over last month. Gross accounts receivable days increased this month to 74.6 and remained outside the best practices target of 45-55 days.

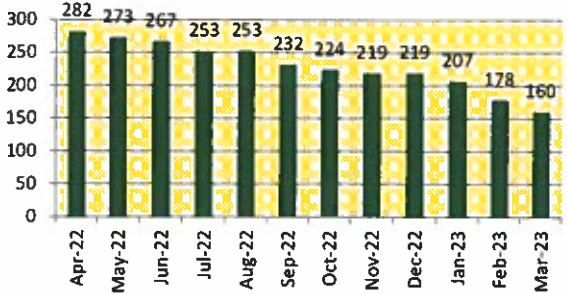
**Days in Accounts Receivable**



**Days in Accounts Payable**



**Days Cash on Hand**



**Key Financial Ratios - YTD**

Current Ratio.....	2.99
Operating Margin.....	-31.2%
Days in Accounts Receivable.....	74.6
Long-Term Debt to Capitalization.....	0.01
Debt Service Coverage.....	-5,585%
Days Cash on Hand Excl. Board Restr.....	160.5

**Seneca Healthcare District  
Income Statement (DRAFT)  
For the Month of March 2023**

		% Net Pt Revenue	Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Actual	Year-to-Date Budget	\$ Variance
1	<b>REVENUE</b>								
2	Inpatient Revenue - Acute		45,206	75,074	(29,868)		649,029	663,560	(14,531)
3	Inpatient Revenue - Swing Bed		89,012	73,912	15,100		222,530	653,285	(430,755)
4	Inpatient Revenue - SNF		319,517	279,000	40,517		2,386,260	2,355,300	30,960
5	Inpatient Revenue - Ancillary		128,180	164,332	(36,152)		1,158,952	1,408,417	(249,465)
6	Inpatient Revenue - Total		581,915	592,318	(10,403)		4,416,771	5,080,561	(663,791)
7	Outpatient Revenue		1,413,841	1,429,666	(15,825)		14,277,900	13,408,671	869,229
8	Total Patient Revenue		1,995,757	2,021,985	(26,228)		18,694,670	18,489,232	205,438
9	Contractual Allowances		(641,637)	(636,285)	(5,352)		(5,898,493)	(5,818,251)	(80,243)
10	Charity Discount		(4,505)	(3,606)	(899)		(78,158)	(32,973)	(45,185)
11	Other Allowances		(67,155)	(67,332)	177		(608,979)	(615,693)	6,714
12	Bad Debt		(66,331)	(45,915)	(20,416)		(562,759)	(419,852)	(142,907)
13	Total Deductions		(779,628)	(753,138)	(26,490)		(7,148,390)	(6,886,769)	(261,621)
14	Net Patient Revenue		1,216,128	1,268,847	(52,718)		11,546,280	11,602,463	(56,183)
	% of Gross Revenue		60.9%	62.6%	-1.6%		61.8%	62.8%	-1.0%
15	Meaningful Use Revenue		-	-	-		-	-	-
16	Quality Payments		-	-	-		-	-	-
17	Other Operating Revenue		1,022	4,167	(3,145)		18,014	37,500	(19,486)
18	Total Operating Revenue		1,217,150	1,273,013	(55,863)		11,564,294	11,639,963	(75,669)
19	<b>EXPENSES</b>								
20	Salaries & Wages	60.5%	(736,097)	(670,083)	(66,013)	54.5%	(6,295,076)	(6,068,678)	(226,398)
21	Employee Benefits	11.1%	(135,315)	(144,148)	8,833	10.3%	(1,192,342)	(1,291,923)	99,582
22	Contract Labor	12.5%	(151,966)	(148,220)	(3,746)	9.0%	(1,044,032)	(1,173,000)	128,968
23	Professional Fees - Medical	23.6%	(287,021)	(277,163)	(9,858)	20.4%	(2,354,854)	(2,363,267)	8,413
24	Professional Fees - Other	1.9%	(22,926)	(18,133)	(4,793)	1.8%	(210,432)	(180,025)	(30,407)
25	Supplies	10.9%	(132,711)	(123,908)	(8,803)	8.5%	(986,321)	(1,042,492)	56,171
26	Purchased Services	14.5%	(176,472)	(188,053)	11,581	13.2%	(1,523,518)	(1,549,694)	26,176
27	Insurance	1.9%	(22,552)	(16,259)	(6,293)	1.6%	(182,167)	(146,327)	(35,840)
28	Rentals and Leases	1.3%	(16,274)	(15,192)	(1,082)	1.1%	(126,789)	(136,725)	9,936
29	Repairs and Maintenance	4.2%	(51,602)	(20,451)	(31,151)	1.8%	(205,597)	(175,064)	(30,532)
30	Utilities and Telephone	5.3%	(64,505)	(51,648)	(12,856)	2.6%	(297,133)	(297,741)	609
31	Depreciation & Amortization	3.0%	(35,885)	(36,966)	1,081	2.8%	(320,411)	(332,695)	12,284
32	Other Expenses	3.9%	(47,864)	(29,310)	(18,554)	3.7%	(428,611)	(347,173)	(81,438)
33	Total Operating Expenses	154.7%	(1,881,190)	(1,739,534)	(141,656)	131.4%	(15,167,281)	(15,104,804)	(62,477)
34	Income From Operations	-54.6%	(664,040)	(466,521)	(197,519)	-31.2%	(3,602,987)	(3,464,841)	(138,146)
35	Tax Revenue	0.0%	-	-	-	0.0%	-	-	-
36	IGT - Incoming Portion	96.2%	1,169,611	1,500,000	(330,389)	10.1%	1,169,611	1,500,000	(330,389)
37	Non Capital Grants and Donations	0.0%	-	1,667	(1,667)	2.5%	286,228	13,333	272,895
38	Interest Income	0.4%	4,401	250	4,151	1.3%	153,369	44,750	108,619
39	Interest Expense	-0.1%	(656)	(285)	(371)	0.0%	(4,319)	(2,617)	(1,702)
40	Non-Operating Income (Expense)	0.0%	200	200	0	0.0%	3,200	-	3,200
41	Total Non-Operating Gain (Loss)	96.5%	1,173,556	1,501,632	(328,076)	13.9%	1,608,090	1,555,466	52,623
42	Net Income	41.9%	509,516	1,035,111	(525,595)	-17.3%	(1,994,897)	(1,909,375)	(85,523)
43	Operating Margin %		(54.6%)	(36.6%)	-17.91%		(31.2%)	(29.8%)	-1.39%
44	Net Margin %		41.9%	81.3%	-39.45%		(17.3%)	(16.4%)	-0.85%
45	Payroll as % of Operating Expense		39.13%	38.52%	0.61%		41.50%	40.18%	1.33%
46	IGT Transaction Summary								
47	Outgoing		-	-	-		1,432,505	1,682,127	249,622
48	Incoming		1,169,611	1,500,000	(330,389)		1,169,611	1,500,000	(330,389)
49	Net Impact		1,169,611	1,500,000	(330,389)		(262,894)	(182,127)	(80,767)

**Seneca Healthcare District  
Income Statement (DRAFT)**

**13-Month Trend Ended March 31, 2023**

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>1 REVENUE</b>													
2 Inpatient Revenue - Acute	96,870	22,603	100,099	22,603	35,519	29,061	119,473	25,832	100,099	142,076	138,847	12,916	45,206
3 Inpatient Revenue - Swing	-	-	85,833	114,444	19,074	-	73,117	41,327	-	-	-	-	89,012
4 Inpatient Revenue - SNF	230,692	223,250	230,692	223,250	248,816	249,916	241,855	254,257	260,459	269,141	257,262	287,037	319,517
5 Inpatient Revenue - Ancillary	138,154	51,754	182,592	127,889	57,577	53,728	228,865	50,997	190,696	210,676	186,226	54,007	128,180
6 Inpatient Revenue - Total	465,716	297,607	599,216	488,186	358,986	332,705	661,310	372,414	551,253	621,893	582,335	353,959	581,915
7 Outpatient Revenue	1,311,960	1,474,168	1,376,426	1,632,779	1,769,547	1,652,746	1,775,759	1,796,058	1,468,780	1,548,012	1,511,744	1,341,411	1,413,841
8 Total Patient Revenue	1,777,676	1,771,775	1,975,643	2,120,965	2,128,533	1,985,451	2,437,069	2,168,472	2,020,034	2,169,904	2,094,079	1,695,371	1,995,757
9 Contractual Allowances	(573,673)	(523,321)	(487,110)	(556,074)	(644,846)	(551,455)	(790,961)	(672,755)	(593,285)	(747,583)	(709,935)	(546,038)	(641,637)
10 Charity Discount	(3,792)	(1,653)	(57,869)	(6,817)	(8,196)	(13,784)	(993)	-	(18,363)	(7,213)	(22,548)	(2,556)	(4,505)
11 Other Allowances	(30,542)	(39,638)	(96,522)	(140,779)	(94,463)	(58,286)	(37,429)	(75,926)	(87,935)	(67,310)	(71,204)	(49,272)	(67,155)
12 Bad Debt	(34,307)	(51,476)	(42,060)	(21,438)	(41,917)	(81,238)	(74,468)	(65,357)	(73,368)	(42,659)	(49,265)	(68,155)	(66,331)
13 Total Deductions	(642,314)	(616,088)	(673,561)	(725,107)	(789,422)	(704,763)	(903,851)	(814,038)	(772,952)	(864,765)	(852,952)	(666,021)	(779,628)
14 Net Patient Revenue	1,135,362	1,155,687	1,302,082	1,395,858	1,339,112	1,280,689	1,533,218	1,354,434	1,247,082	1,305,140	1,241,127	1,029,350	1,216,128
% of Gross Revenue	63.9%	65.2%	65.9%	65.8%	62.9%	64.5%	62.9%	62.5%	61.7%	60.1%	59.3%	60.7%	60.9%
15 Meaningful Use Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
16 Quality Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
17 Other Operating Revenue	1,266	377	1,531	2,045,573	1,544	1,626	5,374	3,675	1,578	866	1,165	1,164	1,022
18 Total Operating Revenue	1,136,628	1,156,064	1,303,613	3,441,431	1,340,656	1,282,315	1,538,592	1,358,109	1,248,660	1,306,005	1,242,293	1,030,514	1,217,150
<b>19 EXPENSES</b>													
20 Salaries & Wages	(689,950)	(708,102)	(628,460)	(628,378)	(735,926)	(684,412)	(642,354)	(702,357)	(673,881)	(727,030)	(761,394)	(631,624)	(736,097)
21 Employee Benefits	(126,612)	(137,689)	(139,055)	(135,973)	(142,507)	(127,879)	(128,026)	(126,941)	(120,214)	(128,148)	(146,083)	(137,230)	(135,315)
22 Contract Labor	(91,864)	(114,126)	(85,432)	(115,923)	(160,617)	(136,809)	(87,029)	(94,570)	(101,356)	(103,543)	(99,054)	(109,088)	(151,966)
23 Professional Fees - Medical	(261,366)	(272,737)	(239,698)	(242,563)	(240,646)	(248,365)	(279,561)	(293,412)	(250,960)	(242,342)	(266,203)	(246,341)	(287,021)
24 Professional Fees - Other	(21,508)	(34,815)	(42,727)	(35,109)	(26,806)	(33,184)	(18,143)	(18,213)	(12,913)	(40,782)	(20,198)	(17,267)	(22,926)
25 Supplies	(79,376)	(81,811)	(105,371)	(85,121)	(74,673)	(104,109)	(280,006)	(86,996)	(70,029)	(81,127)	(91,570)	(63,100)	(132,711)
26 Purchased Services	(115,307)	(208,954)	(136,131)	(169,742)	(168,873)	(132,700)	(180,888)	(205,636)	(182,950)	(127,581)	(176,901)	(171,518)	(176,472)
27 Insurance	(12,671)	(12,465)	(12,308)	(12,359)	(22,066)	(22,237)	(22,228)	(22,301)	(22,285)	(12,263)	(13,870)	(22,365)	(22,552)
28 Rentals and Leases	(12,798)	(12,366)	(16,128)	(14,470)	(15,419)	(14,636)	(14,119)	(14,119)	(14,119)	(7,358)	(7,088)	(16,274)	(16,274)
29 Repairs and Maintenance	(18,359)	(16,312)	(11,708)	(22,036)	(22,036)	(31,692)	(18,872)	(22,165)	(14,964)	(8,927)	(10,193)	(25,146)	(51,602)
30 Utilities and Telephone	(35,376)	(32,948)	(29,103)	(29,816)	(32,914)	(34,284)	(31,855)	(27,422)	(25,622)	(31,028)	(27,378)	(22,125)	(64,505)
31 Depreciation & Amortization	(35,160)	(35,203)	(35,203)	(35,797)	(36,039)	(36,038)	(36,150)	(36,150)	(36,150)	(35,885)	(35,885)	(35,885)	(35,885)
32 Other Expenses	(32,635)	(31,571)	(43,591)	(34,776)	(41,090)	(51,380)	(32,628)	(59,262)	(39,750)	(62,002)	(49,143)	(45,492)	(47,864)
33 Total Operating Expenses	(1,512,981)	(1,699,117)	(1,524,915)	(1,554,827)	(1,719,607)	(1,658,508)	(1,768,719)	(1,711,544)	(1,566,175)	(1,622,041)	(1,705,230)	(1,534,267)	(1,881,190)
34 Income From Operations	(376,353)	(543,053)	(221,302)	1,886,604	(378,951)	(376,193)	(230,127)	(353,435)	(317,515)	(316,035)	(462,937)	(503,753)	(664,040)
35 Tax Revenue	-	-	-	265,767	-	-	-	-	-	-	-	-	-
36 IGT - Incoming Portion	429,153	-	-	-	-	-	-	-	-	-	-	-	1,169,611
37 Non Capital Grants and Donations	(2,173)	16,630	-	29,138	2,020	11,855	520	132	130,209	150	4,175	137,167	-
38 Interest Income	243	9,832	1,562	2,391	24,800	2,634	2,040	42,984	2,266	1,975	68,094	4,175	4,401
39 Interest Expense	(420)	(378)	(326)	(567)	(505)	(328)	(958)	(348)	(362)	(83)	(388)	(691)	(656)
40 Non-Operating Income (Expense)	-	-	-	-	-	-	-	-	-	-	-	3,000	200
41 Total Non-Operating Gain (Loss)	426,803	26,084	1,236	286,729	26,316	14,161	1,601	42,768	132,113	2,043	71,881	143,651	1,173,556
42 Net Income	50,450	(516,970)	(220,066)	2,183,332	(352,636)	(362,033)	(228,525)	(310,667)	(185,402)	(313,993)	(391,056)	(360,102)	509,516
43 Operating Margin %	(33.1%)	(47.0%)	(17.0%)	54.8%	(28.3%)	(29.3%)	(15.0%)	(26.0%)	(25.4%)	(24.2%)	(37.3%)	(48.9%)	(54.6%)
44 Net Margin %	4.4%	(44.7%)	(16.9%)	63.4%	(26.3%)	(28.2%)	(14.9%)	(22.9%)	(14.8%)	(24.0%)	(31.5%)	(34.9%)	41.9%
45 Payroll as % of Operating Expense	44.28%	41.67%	41.21%	40.41%	42.80%	41.27%	36.32%	41.04%	43.03%	44.82%	44.65%	41.17%	39.13%
46 IGT Transaction Summary													
47 Outgoing	114,842	-	19,399	-	-	-	-	-	-	-	-	1,432,505	-
48 Incoming	525,385	429,153	-	-	-	-	-	-	-	-	-	-	1,169,611
49 Net Impact	410,543	429,153	(19,399)	-	-	-	-	-	-	-	-	(1,432,505)	1,169,611

**Seneca Healthcare District**  
**Comparative Balance Sheets - Board Report (DRAFT)**  
**Dates as Indicated**

	Unaudited FY 2023 as of 3/31/2023	Audited FY 2022 6/30/2022	Audited FY 2021 6/30/2021	Audited FY 2020 6/30/2020	FY 2023-2022	
					\$ Change	% Change
<b>ASSETS</b>						
<b>Current Assets</b>						
Cash	\$ 1,075,682	\$ 747,360	\$ 3,115,934	\$ 18,884	\$ 328,322	43.93%
Short-term Investments	7,622,713	12,528,820	7,618,504	7,317,637	(4,906,107)	-39.16%
<b>Total Cash and Equivalents</b>	<b>8,698,395</b>	<b>13,276,180</b>	<b>10,734,438</b>	<b>7,336,520</b>	<b>(4,577,785)</b>	<b>-34.48%</b>
Patient Accounts Receivable	4,119,324	3,826,687	3,570,234	4,582,957	292,637	7.65%
Accounts Receivable Reserves	(2,621,488)	(2,695,705)	(2,453,764)	(3,096,844)	74,217	-2.75%
<b>Net Accounts Receivable</b>	<b>1,497,836</b>	<b>1,130,982</b>	<b>1,116,470</b>	<b>1,486,113</b>	<b>366,854</b>	<b>32.44%</b>
<i>% of Gross Accounts Receivable</i>	<i>36.4%</i>	<i>29.6%</i>	<i>31.3%</i>	<i>32.4%</i>		
Inventory	435,131	337,226	325,481	250,386	97,905	29.03%
Other Assets- Due (to)/from gov't payers	33,093	202,390	1,540,757	669,462	(169,298)	-83.65%
Board Restricted Funds - Facility Capital	351,545	449,934	1,253,165	513,400	(98,389)	
Board Restricted Funds	1,044,630	1,776,243	2,456,135	612,125	(731,613)	-41.19%
<b>Total Other Assets</b>	<b>1,864,399</b>	<b>2,765,794</b>	<b>5,575,539</b>	<b>2,045,374</b>	<b>(901,395)</b>	<b>-32.59%</b>
<b>Total Current Assets</b>	<b>12,060,630</b>	<b>17,172,955</b>	<b>17,426,447</b>	<b>10,868,007</b>	<b>(5,112,325)</b>	<b>-29.77%</b>
<b>Fixed Assets</b>						
Land	90,610	90,610	90,610	90,610	0	0.00%
Buildings	6,188,081	5,801,899	5,762,782	5,532,267	386,182	6.66%
Capital Equipment	8,061,234	6,905,562	5,861,094	5,033,846	1,155,672	16.74%
<b>Total Plant &amp; Equipment</b>	<b>14,339,924</b>	<b>12,798,071</b>	<b>11,714,485</b>	<b>10,656,723</b>	<b>1,541,854</b>	<b>12.05%</b>
Accumulated Depreciation	(10,132,070)	(9,811,659)	(9,363,323)	(8,493,946)	(320,411)	3.27%
<b>Net Fixed Assets</b>	<b>4,207,854</b>	<b>2,986,411</b>	<b>2,351,162</b>	<b>2,162,778</b>	<b>1,221,443</b>	<b>40.90%</b>
<b>TOTAL ASSETS</b>	<b>\$ 16,268,484</b>	<b>\$ 20,159,367</b>	<b>\$ 19,777,608</b>	<b>\$ 13,030,785</b>	<b>\$ (3,890,883)</b>	<b>-19.30%</b>
<b>LIABILITIES AND RETAINED EARNINGS</b>						
<b>Current Liabilities</b>						
Accounts Payable	\$ 1,322,200	\$ 1,598,381	\$ 513,833	\$ 626,379	\$ (276,181)	-17.28%
Accrued Payroll & Benefits	751,466	918,467	620,243	562,461	(167,001)	-18.18%
Accrued Other Liabilities	1,956,434	1,956,434	4,501,218	207,968	0	0.00%
<b>Total Current Liabilities</b>	<b>4,030,100</b>	<b>4,473,282</b>	<b>5,635,295</b>	<b>1,396,807</b>	<b>(443,182)</b>	<b>-9.91%</b>
<b>Long-Term Liabilities</b>						
Loans	0	0	1,508,168	14,250	0	#DIV/0!
Capitalized Leases	40,566	60,864	110,836	133,793	(20,298)	-33.35%
<b>Total Long-Term Liabilities</b>	<b>40,566</b>	<b>60,864</b>	<b>1,619,004</b>	<b>148,043</b>	<b>(20,298)</b>	<b>-33.35%</b>
<b>TOTAL LIABILITIES</b>	<b>4,070,666</b>	<b>4,534,146</b>	<b>7,254,299</b>	<b>1,544,850</b>	<b>(463,480)</b>	<b>-10.22%</b>
<b>FUND BALANCE</b>	<b>12,197,818</b>	<b>15,625,220</b>	<b>12,342,178</b>	<b>11,485,935</b>	<b>(3,427,402)</b>	<b>-21.94%</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>\$ 16,268,484</b>	<b>\$ 20,159,367</b>	<b>\$ 19,596,476</b>	<b>\$ 13,030,785</b>	<b>\$ (3,890,883)</b>	<b>-19.30%</b>

Seneca Healthcare District  
Detail of Long Term Debt  
As of March 31, 2023

<u>Description</u>	<u>Original Amount</u>	<u>Origination Date</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Maturity</u>	<u>Secured By</u>	<u>Balance on Mar 31, 2023</u>
<b><u>Loans</u></b>							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan	1,508,168	May 2020			May 2022		0
<b><u>Total Loans</u></b>	<b><u>2,410,058</u></b>			<b><u>0</u></b>			<b><u>0</u></b>
<b><u>Capitalized Leases</u></b>							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	40,566
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
<b><u>Total Capitalized Leases</u></b>	<b><u>672,753</u></b>			<b><u>2,492</u></b>			<b><u>40,566</u></b>
<b><u>Total Long Term Liabilities</u></b>	<b><u>3,082,811</u></b>			<b><u>2,492</u></b>			<b><u>40,566</u></b>

**Seneca Healthcare District**  
**Summary Statement of Cash Flows - Board Report**  
**Fiscal Year-to-Date**

	YTD
	3/31/2023
<b>Net Income (Loss)</b>	\$ (1,994,897)
<b>Changes in:</b>	
Depreciation	320,411
(Increase)/Decrease in Net Accounts Receivable	(366,854)
(Increase)/Decrease in Inventory	(97,905)
(Increase)/Decrease in Other Assets	169,298
Increase/(Decrease) in Accounts Payable	(276,181)
Increase/(Decrease) in Accrued Payroll & Benefits	(167,001)
Increase/(Decrease) in Other Accrued Liabilities	-
<b>Net Cash Provided (Used) by Operating Activities</b>	<u>(418,233)</u>
Purchases of Equipment	(1,541,854)
<b>Net Cash Provided (Used) in Investing Activities</b>	<u>(1,541,854)</u>
Proceeds from New Loans	-
Principal Payments of Loans	-
Principal Payments under Capital Leases	(20,298)
Principal Payments under Inter-Governmental Transfer Program	(1,432,505)
<b>Net Cash Provided (Used) in Financing Activities</b>	<u>(1,452,803)</u>
Net Change in Cash and Cash Equivalents	(5,407,787)
Cash and Cash Equivalents, Beginning of Period	<u>15,502,357</u>
<b>Cash and Cash Equivalents, End of Period</b>	<u><u>\$ 10,094,570</u></u>

\*Inclusive of Board Restricted Cash

**Cash Detail by Account**

Operating Checking - Plumas Bank	\$ 1,051,938
Suspense General Ledger for Receipts Pending R.A.'s	(9,004)
Payroll Checking - US Bank	31,464
Business Savings - Plumas Bank	137,871
Petty Cash - Receptionists	1,284
Local Agency Investment Fund	8,820,033
Series EE Bonds	60,984
<b>Total Cash and Cash Equivalent Detail</b>	<u><u>\$ 10,094,570</u></u>

**SENECA HEALTHCARE DISTRICT  
ACTIVITY SUMMARY  
FOR THE MONTH OF MARCH 2023**

**MONTH TO DATE**

	CURRENT MONTH MAR 2023	PRIOR MONTH FEB 2023	PRIOR YEAR MONTH MAR 2022
1. In Patient Stays			
1.a Admissions	5	3	6
1.b Discharges	5	3	8
2. Out Patient Observations	15	12	7
3. Out Patient Surgeries	24	12	21
4. Emergency Visits	186	169	132
5. Lab Procedures	1,984	1,901	1,764
6. Radiology Procedures	253	259	197
6.a X-Ray Procedures	148	156	128
6.b Mammography	0	0	0
6.c MRI	0	8	3
6.d Ultrasound	0	0	0
6.e C T Scan	105	95	66
6.f Dexascanner	0	0	0
7. Respiratory Therapy/ABG/PFT	191	115	128
8. CardioPulmonary EKG/Holter	57	64	41
9. Stress Tests	0	1	0
10. Physical Therapy	348	234	203
11. Lake Almanor Clinic Visits	403	457	601
Dr. Ware	104	57	131
Dr. Walls	60	67	122
Dr. Cooper/Physician Office	110	113	122
NP Office	0	0	0
NP Walk-in/Hayden	89	178	154
Specialty/Other	40	42	72

**YEAR TO DATE**

JULY 2022 - MAR 2023	JULY 2021 - MAR 2022
68	83
67	83
145	100
176	134
2,187	1,772
21,815	19,326
2,713	2,113
1,557	1,332
0	0
30	43
75	44
1,051	694
0	0
1,166	1,216
561	402
3	3
2,476	2,126
5,099	5,308
797	1,300
680	919
1,151	1,181
133	47
1,713	1,293
625	568

**ACUTE CARE**

12. Acute Patient Days	14	4	45
13. Acute ADC	0.45	0.14	1.61
14. % Occupancy	4.52	1.43	16.07
15. Avg Length of Stay	2.80	1.33	7.50
16. Swing Bed Days	28	0	17
17. Swing Bed ADC	0.90	0.00	0.61
18. Total ADC	1.35	0.14	2.21

202	353
0.74	1.29
7.37	12.88
2.97	4.25
70	126
0.26	0.46
0.99	1.75

**SKILLED NURSING UNIT**

19. Patient Days	423	380	336
20. Average Daily Census	13.65	13.57	12.00
21. % Occupancy	85.28	84.82	75.00

3,673	3,682
13.41	13.44
83.78	83.99

**TOTALS**

22. Patient Days	465	384	398
23. Average Daily Census	15.00	13.71	14.21
24. Total Adjusted Patient Days	1,595	1,839	1,103

3,945	4,161
14.40	15.19
16,698	12,434

Seneca Healthcare District  
Gross Outpatient Revenue  
March 2023

	Month Ended 3/31/23			Year to Date 3/31/23		
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Acute	-	-	-	-	-	-
Swing	-	-	-	-	-	-
SNF	-	-	-	-	-	-
Observation	59,120.00	40,355.16	18,764.84	491,134.00	378,486.28	112,647.72
ER	210,339.00	245,745.93	(35,406.93)	2,522,780.00	2,304,822.04	217,957.96
ER Phy	82,319.00	89,916.25	(7,597.25)	936,260.00	843,313.86	92,946.14
Surgery	79,885.00	64,641.53	15,243.47	578,289.00	606,265.30	(27,976.30)
Anesth	1,819.00	4,235.43	(2,416.43)	39,613.00	39,723.58	(110.58)
CS	8,275.00	11,054.57	(2,779.57)	155,183.48	103,679.47	51,504.01
LAC	163,030.15	183,208.91	(20,178.76)	1,573,876.82	1,718,294.77	(144,417.95)
LAB	218,775.65	250,334.35	(31,558.70)	2,283,635.14	2,347,856.36	(64,221.22)
Blood Gas	-	3,156.28	(3,156.28)	33,420.00	29,602.39	3,817.61
Blood Bank	-	1,129.58	(1,129.58)	877.00	10,594.16	(9,717.16)
EKG	33,399.60	26,201.52	7,198.08	325,501.20	245,740.96	79,760.24
Stress	-	411.32	(411.32)	3,966.00	3,857.76	108.24
Radiology	68,885.00	72,659.87	(3,774.87)	734,862.60	681,468.33	53,394.27
Mammo	-	-	-	-	-	-
MRI	-	25,687.49	(25,687.49)	110,310.00	240,919.95	(130,609.95)
Ultrasound	-	-	-	65,894.00	-	65,894.00
CT Scan	185,979.00	144,546.77	41,432.23	1,830,888.00	1,355,687.13	475,200.87
OP Proc	13,691.00	4,025.00	9,666.00	62,991.00	37,750.00	25,241.00
Pharmacy	153,685.00	147,801.69	5,883.31	1,520,245.45	1,386,214.56	134,030.89
RT	29,171.00	14,668.79	14,502.21	191,753.00	137,576.84	54,176.16
PT	105,468.00	99,885.83	5,582.17	816,420.00	936,817.38	(120,397.38)
OT	-	-	-	-	-	-
Telemed	-	-	-	-	-	-
Totals	1,413,841.40	1,429,666.26	(15,824.86)	14,277,899.69	13,408,671.12	869,228.57

Seneca Healthcare District  
Professional Fees- Medical  
March 31, 2023

G/L #	Description	Actual ME 3/31/2023	Budget ME 3/31/2023	(Over)/Under Budget	Actual YTD 3/31/2023	Budget YTD 3/31/2023	(Over)/Under Budget
	Grand Total	287,021.44	277,162.99	(9,858.45)	2,354,853.67	2,363,266.87	8,413.20
41220040	EMERG RM PHYSICIAN FEES	121,216.00	115,320.00	(5,896.00)	1,042,582.50	1,019,280.00	(23,302.50)
	SHD Contracted Physicians	62,080.00	63,240.00	1,160.00	717,145.00	722,997.50	5,852.50
	Locums Physicians	59,136.00	52,080.00	(7,056.00)	325,437.50	296,282.50	(29,155.00)
41220044	SURGERY PHYSICIAN FEES	30,159.96	26,373.89	(3,786.07)	239,391.38	237,365.04	(2,026.34)
41220044	Surgery - Surgeries Call	12,433.40	14,173.89	1,740.49	116,523.38	127,565.04	11,041.66
	Clinic	9,326.56	7,500.00	(1,826.56)	73,668.00	67,500.00	(6,168.00)
	CRNA	8,400.00	4,700.00	(3,700.00)	49,200.00	42,300.00	(6,900.00)
41220049	LK ALMANOR PHYSICIAN FEES	87,792.30	89,170.83	1,378.53	705,243.40	689,937.50	(15,305.90)
41229049							
	SHD Contracted Physicians	76,598.24	39,166.67	(37,431.57)	340,701.09	352,500.00	11,798.91
	FNP Supervision	3,000.00	2,937.50	(62.50)	27,450.00	26,437.50	(1,012.50)
	FNP Office	-	21,666.67	21,666.67	190,885.75	130,000.00	(60,885.75)
	Walk-In Clinic	6,264.06	20,400.00	14,135.94	109,961.56	136,000.00	26,038.44
	Telemedicine	1,930.00	5,000.00	3,070.00	36,245.00	45,000.00	8,755.00
		87,792.30	89,170.83	1,378.53	705,243.40	689,937.50	(15,305.90)

# Seneca Healthcare District



## *Agenda Item*

DATE: May 25, 2023

TO: Board of Directors

FROM: Steve Boline, Chief Financial Officer

SUBJECT: SELECTION OF UNDERWRITER – GENERAL OBLIGATION BONDS,  
LEASE FINANCINGS, AND OTHER RELATED USDA FINANCINGS

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### **Recommendation:**

Approve the selection of Piper Sandler & Co. ("Piper Sandler" or "Underwriter") as Underwriter for the potential issuance of general obligation bonds, bond anticipation notes, certificates of participation, and other lease financings to be issued through either a public sale or through USDA Direct Loan program/private placement (together, the "Bonds"), proposed to be issued by Seneca Healthcare District ("District").

### **Fiscal Impact:**

Compensation of Piper Sandler for providing Underwriter services for the Bonds is contingent upon the issuance of the Bonds by Seneca Healthcare District. The Underwriter is compensated pursuant to the Underwriter's discount amount for each financing. The Underwriter's discount consists of a sales commission or "takedown," a management fee, and expenses. The total estimated fee is \$6.50 per \$1,000 of Bonds for each financing, plus expenses. Since the Underwriter's discount amount is paid for out of proceeds from the Bond sale, Piper Sandler's compensation will not have a fiscal impact on the general fund or any other fund of the District.

### **Background:**

The District has initiated steps towards construction of a replacement facility to house a new critical access replacement hospital and skilled nursing facility. Financing for the project is a combined effort between the community and the District. After a portion of the project cost is paid by District contribution, an interim general fund-backed debt instrument, such as a Certificate of Participation ("COP") or lease financing is expected to be issued in August/September 2023. The remaining project cost will be covered by the Measure B general obligation bond ("GO Bond") measure, which passed with over 79% voter approval on November 8, 2022 and authorizes a total of \$42,000,000 in GO Bonds. The GO Bond payments are paid for through voter-approved ad valorem tax revenues.

Currently, it is projected that both the COP and GO Bond will ultimately be repaid through a United States Department of Agriculture (USDA) Direct Loan in FY 2026/27. The primary role of the Underwriter in the issuance and sale of the Bonds will be to purchase the Bonds from the District. Based upon the fact that the District has not issued publicly-sold debt in the past and the relatively complex structure of the proposed financings, the District's financing team has recommended that the Bonds be sold by negotiated sale to an underwriter experienced in the evaluation of creditworthiness of such Bonds and in the sale of such Bonds.

### **Discussion:**

In order to bring a qualified underwriter on board to join the District financing team early in the process of structuring the Bond issues and undertaking the due diligence necessary to prepare the disclosure document for the Bonds (the "Preliminary Official Statement"), Fieldman Rolapp & Associates, Inc., the municipal advisor to the District (the "Municipal Advisor"), has, on behalf of the District, prepared and distributed a Request for Proposals for Underwriting Services.

The District received proposals from three (3) underwriter firms. The proposals were reviewed by the District Review Committee composed of the Chief Financial Officer and the Municipal Advisor. After considering and rating each proposal, the District Review Committee is recommending that the Board of Directors select Piper Sandler as the underwriter for the Bonds. A copy of the proposal submitted by Piper Sandler is attached hereto.

Piper Sandler's proposal provided the best combination of overall experience with healthcare financing and USDA experience. As stated in their proposal, Piper Sandler has also completed more hospital district financings in the past 5 years than any other firm, more than triple the next ranked underwriter. In addition, their proposed fees were the lowest among the three firms that responded. Their marketing approach to selling the Bonds was also very comprehensive and detailed. The District Review Committee also reached out to each proposal's reference list and the feedback was very complimentary of Piper Sandler's services.

Upon its selection, Piper Sandler will become a member of the District financing team and assist the other members in developing the recommended structure for the Bonds, reviewing the credit quality of the Bonds, and assist with the preparation of the Preliminary Official Statement. Upon completion of these tasks the Board of Directors, acting as the legislative body of the District, will be asked to consider the adoption of a resolution authorizing the issuance of the Bonds (the "Resolution of Issuance"). The Resolution of Issuance will, among other actions:

- Authorize the issuance of the Bonds in a not to exceed principal amount;
- Authorize the sale of the Bonds to Piper Sandler pursuant to a bond purchase agreement by and between the District and Piper Sandler so long as the underwriter's discount (i.e., the difference between the

principal amount of the Bonds and the amount Piper Sandler will pay to purchase the Bonds, and the annual interest rate on the Bonds), will not exceed the parameters to be included in the Resolution of Issuance; and

- Approve the form of a bond purchase agreement that will contain all of the terms and conditions pursuant to which the District will sell the Bonds to Piper Sandler with the exception of the pricing of the Bonds (i.e., the principal amount of the Bonds to mature each year, the interest rates applicable to the Bonds, and the underwriter's discount).

Following the adoption of the Resolution of Issuance, the Preliminary Official Statement for the Bonds will be printed and distributed by Piper Sandler to prospective purchasers of the Bonds. The District and the Municipal Advisor will subsequently hold a series of conference calls with Piper Sandler to establish the pricing of the Bonds. Upon agreement on the pricing of the Bonds, the pricing will be incorporated in the Bond Purchase Agreement and the agreement will then be circulated for execution by the District and Piper Sandler.

Approximately two weeks after the Bond Purchase Agreement is finalized and executed, the "Closing" will take place at which time the District will deliver the Bonds to Piper Sandler and they will deliver the purchase price for the Bonds to the District.

**Conclusion:**

The District Review Committee recommends the Board of Directors appoint Piper Sandler as underwriter of the Bonds. This appointment will complete the District financing team and enable the District to be prepared to move forward with the structuring of the Bonds if approved by the Board of Directors at a future meeting date.

APPROVED FOR SUBMITTAL TO THE  
BOARD OF DIRECTORS

*Steve Boline*

Steve Boline  
Chief Financial Officer

Att: Piper Sandler Proposal



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## **Piper Sandler Response to Request for Statement of Qualifications for Underwriting Services for:**



**Todd Van Deventer**

MANAGING DIRECTOR  
913 345-3352  
todd.vandeventer@psc.com

**Keith Kleven**

MANAGING DIRECTOR  
612 303-6508  
keith.kleven@psc.com

**Mark Adler**

MANAGING DIRECTOR  
310 297-6010  
mark.adler@psc.com

March 22, 2023

Mr. Adam Bauer  
CEO and President  
Fieldman, Rolapp & Associates  
1990 MacArthur Blvd., Suite 1100  
Irvine, CA 92612-2433

Dear Mr. Bauer:

On behalf of Piper Sandler, we appreciate the opportunity to submit this proposal to provide underwriting or placement agent services to Seneca Healthcare District (the "District"), in connection with the proposed issuance of approximately \$40 million General Obligation and \$20-25 million Certificates of Participation (the "Bonds").

We believe Piper Sandler's strengths provide significant advantages to the District, which include the following:

- **USDA Lending Guide:** Piper Sandler is one of few firms that have the capability and expertise to advise and execute public offerings, USDA Community Facilities Lending and private placements for the District. Our team has guided 19 USDA financings across the country with a par value in excess of \$325 million. Our scope of services often spans the entire continuum of the process from pre-application, application, commitment and closing. This experience will help ensure the District's construction financing achieves both a low cost of funds and reduces the potential negative surprises that can arise from USDA financings when an underwriter or placement agent with little or no experience with USDA complexities is involved.
- **Leading California Underwriting Firm** – Piper Sandler maintains a strong presence throughout California with eight offices in key regions as well as a dedicated underwriting and trading desk in San Francisco where all of our California transactions are priced. During the last five (5) years, Piper Sandler has senior managed 444 long-term negotiated transactions worth approximately \$13.1 billion for California issuers making our firm the #2 ranked underwriter of municipal bonds - demonstrating our commitment to our California clients. As such, we understand California local governments, their strengths and challenges, and how to structure bonds that meet market expectations.
- **National Leader in Healthcare Finance** – Piper Sandler is a national leader in healthcare finance, ranking #3 nationally from 2018-2022 by number of senior managed negotiated healthcare issues. During this time period, our healthcare group closed nearly 200 sole or senior managed negotiated and privately placed long-term healthcare/hospital financings totaling \$6.1 billion. The large number of transactions we complete each year provides us with excellent product, credit and investor knowledge in the healthcare sector. Our healthcare finance expertise extends across the full spectrum of structures, credit and size. As one of the busiest healthcare underwriters, we can assure our clients that we are aware of the latest market developments, and we are in front of the rating agencies and investors more often than most of our competition.

- **California Hospital District Finance Leader:** Our firm has completed more hospital district financings in the last 5 years than any other firm, serving as book-running manager or placement agent on 54 hospital district financings across the nation, more than triple the number of financings than that of the next ranked underwriter. We have worked with 20 California hospital districts to date as underwriter or placement agent. Having investment banking professionals who specialize in hospital district financings will provide the District with the assurance that their transaction will be led by experts in this unique area of public finance.
- **Unmatched Placement Process:** Should the District elect to move forward with a placement of the Bonds, with Piper Sandler serving as placement agent, the District will be selecting the most active placement agent in the nation. We have completed 115 placements for healthcare borrowers since 2018, more than three times the number of transactions to the next firm. Our placements typically reach over 50 potential investors including local, regional and national investors. Importantly, our placement process is completely transparent and competitive which allows our clients to make informed decisions prior to selecting an investor (or investors) to move forward with on the financing.
- **Unrivalled Cal-Mortgage Experience:** Should an alternative long term financing solution for the COPs be necessary, Cal-Mortgage may become an important option. The banking team that will serve the District have been investment bankers for over 50 Cal-Mortgage financings in their careers. In fact, between 2010 and today we have completed 28 Cal-Mortgage financings which makes us the most active underwriter of Cal-Mortgage bonds during that time period.
- **A Commitment to Serving Our Clients:** As the centerpiece to our Guiding Principles, Piper Sandler is committed to putting the interests of our clients first. Piper Sandler's pledge to client service is best reflected in the number of repeat clients with whom we have worked.

Based on our experience, capabilities, and values, we feel Piper Sandler is best positioned to serve the District as underwriter or placement agent to meet the timing and cost of capital objectives for this financing. If selected, we pledge all of our professional resources and capabilities to deliver the most efficient, low-cost transaction for the District.

Thank you for your consideration.

Sincerely,



Todd Van Deventer  
Managing Director  
Piper Sandler



Keith Kleven  
Managing Director  
Piper Sandler



Mark Adler  
Managing Director  
Piper Sandler

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**Appendix A: Piper Sandler Sole or Senior Managed Healthcare Experience (2018-2022)**

**Appendix B: Piper Sandler USDA Experience (2015-2022)**

**Appendix C: Financing Team Resumes**

## a. Overview of Piper Sandler and Healthcare Experience

Founded in 1895 and headquartered in Minneapolis, Minnesota, Piper Sandler Companies (NYSE: PIPR) is a client-focused, full-service investment banking firm dedicated to delivering superior financial advice, transaction execution and investment products within selected sectors of the financial services marketplace. Piper Sandler is divided into two primary segments: 1) public finance and fixed income services, and 2) investment banking and equities. Public finance-related revenues account for a healthy portion of firm revenues, making it a key business line for Piper Sandler.

### Ownership and Philosophy

Piper Sandler & Co. is a subsidiary and the primary investment banking operating entity of the holding company Piper Sandler Companies. Piper Sandler has a broad, national footprint, with a strong California presence, including eight (8) offices in California. Piper Sandler's 1,696 employees serve corporations, government, non-profit entities and institutional investors on an international basis. Piper Sandler is a national leader in our areas of focus.

### Public Finance Services

The Piper Sandler public finance group is staffed by 160 investment bankers in 43 offices. Our investment bankers possess the understanding, knowledge and creativity needed to meet the capital needs of a diverse group of public sector, non-profit and for-profit debt issuers. We are committed to, and capable of, meeting the financing needs of clients of all sizes. The public finance group provides top-quality service to clients by having our investment bankers located strategically throughout the country. We are members of our local communities, which enables us to readily respond to our clients' requests.

### Healthcare Experience

Piper Sandler is one of the top firms in California and in the nation for healthcare underwritings and placements. Our 14-member healthcare team has completed numerous financings for hospitals, large integrated health systems, critical access hospitals, federally qualified healthcare centers (FQHCs), treatment centers, medical clinics, and physician clinics while serving a wide variety of non-profit and for-profit borrowers. From 2019 to 2022, we completed 151 sole or senior managed negotiated and privately placed long-term healthcare/hospital financings totaling \$4.7 billion (Source: Refinitiv).

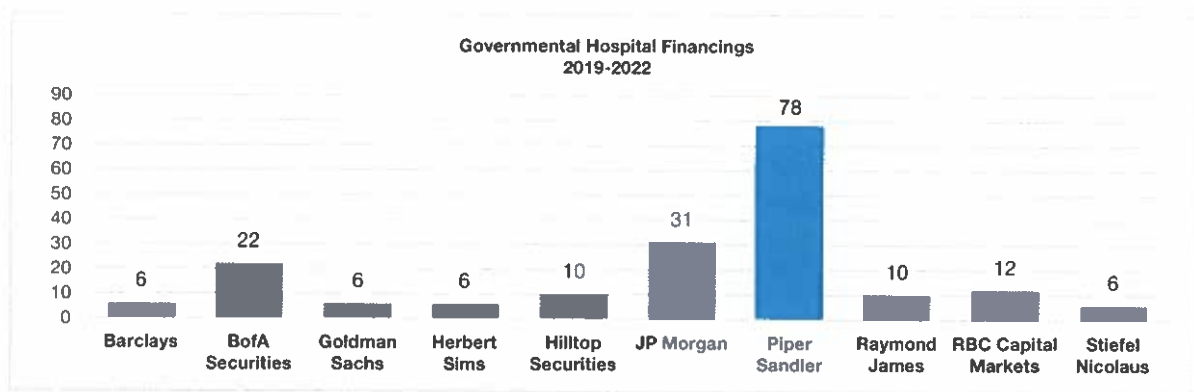
Many of our client relationships go back 20 years or longer and are a testament to our ability to effectively partner with our clients, instead of viewing investment banking as a transaction-based business.

### 2018-2022 National Healthcare Ranking by Issues Long-Term Municipal New Issues (Full Credit to Lead Manager)

Rank	Lead Manager	# of Issues
1	J P Morgan Securities LLC	279
2	BofA Securities Inc	245
3	Piper Sandler & Co	191
4	Citi	153
5	Barclays	108
6	Morgan Stanley	99
7	RBC Capital Markets	81
8	Goldman Sachs & Co LLC	73
9	Wells Fargo & Co	63
10	Raymond James	36

### Governmental Hospital Expertise

Piper Sandler has unequaled experience providing investment banking services to governmental hospitals, as a significant portion of our healthcare clients are public hospital districts and county or city owned hospitals. Since 2019, we have completed 78 financings for governmental hospitals (more than double any other investment bank) with a combined par amount of \$1.9 billion. **In particular, the Piper Sandler banking team has worked with 20 unique California hospital districts to date as underwriter or placement agent, often on multiple financings over many years.** This experience allows us to provide actionable insight to our California district hospital borrowers with regards to investors and rating agencies which will help the District achieve the lowest cost of borrowing under any given structure.



## b. Disclosure Discussion

In many of our other district hospital financings, the vast majority of the disclosure revolves around the district, the area it covers, the demographics and property values that the district encompasses. However, the District also operates a hospital, so understanding how well they operate the hospital is a key factor for investors (and rating agencies) to determine how well the District and its Board of Commissioners manage taxpayer funds. In most district hospital transactions, some level of disclosure about the operations of the hospital is necessary. Key items to include:

GO Bonds Disclosure Package	COP/Revenue Financing Disclosure Package
<ul style="list-style-type: none"> <li>Assessed value</li> <li>Tax collection mechanism</li> <li>Historical utilization</li> <li>Income statement summary</li> <li>Market share</li> <li>Limited balance sheet overview</li> <li>Narrower disclosure on hospital operations</li> </ul>	<ul style="list-style-type: none"> <li>Detail on operations</li> <li>5-year financial projections</li> <li>Debt service coverage ratios</li> <li>Days cash on hand ratios</li> <li>Management discussion of recent performance and future initiatives</li> <li>Limited disclosure on tax matters</li> </ul>

As the leader in public hospital district financing, Piper Sandler has first-hand knowledge of crafting the appropriate disclosure package for public hospital districts, many of whom are critical access hospitals, based on the security being pledged – tax revenues or hospital revenues. We believe that the disclosure should be complete, easy to read and, most importantly, focused on the information that is most relevant to the potential purchasers of the transaction. The disclosure should anchor investors to the most important aspects of the financing and eschew extraneous information which could distract from and will not be relevant to how debt service on the bonds is paid.

## c. References

<b>Craig Marks, CEO</b> Prosser Public Hospital District (509) 786-6695 <a href="mailto:cmarks@prosserhealth.org">cmarks@prosserhealth.org</a> ✓ Client since 2014 ✓ \$80 million USDA – interim financing in 2022	<b>Melinda Tupper, CFO</b> Kaweah Delta Health Care District (559) 624-4065 <a href="mailto:mtupper@kaweahhealth.org">mtupper@kaweahhealth.org</a> ✓ Client since 2003 ✓ \$32 million direct placement in 2022	<b>Doug Dickinson, CFO</b> Sierra View Local Healthcare District (559) 788-6102 <a href="mailto:ddickson@sierra-view.com">ddickson@sierra-view.com</a> ✓ Client since 2007 ✓ \$24 million public offering in 2020.
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Piper Sandler served each of these references as either underwriter or placement agent. We provide the full continuum of services to our clients, both during the financing and also between financings.

## Scope of Services Provided to Clients

Negotiated Public Offering	Private Placement	USDA Direct Loan
<ul style="list-style-type: none"><li>• Participate in all working group meetings and calls.</li><li>• Review draft documents and provide comments.</li><li>• Assist with rating agency prep and meetings, including drafting rating presentation, if desired.</li><li>• Schedule and help facilitate presentation to investors, including crafting the investor presentation, if desired.</li><li>• Draft closing flow of funds memorandum.</li></ul>	<ul style="list-style-type: none"><li>• Draft request for terms and distribute to a wide, but targeted group of potential investors, typically 40-60.</li><li>• Compile responses and discuss with the District.</li><li>• Participate in all working group meetings and calls.</li><li>• Review draft documents and provide comments.</li><li>• Draft closing flow of funds memorandum.</li></ul>	<ul style="list-style-type: none"><li>• Typical engagement as that of a full-on guide:<ul style="list-style-type: none"><li>◦ Coordination with USDA National and State Rural Development Offices</li><li>◦ Review of feasibility study for accuracy and reasonableness</li><li>◦ Coordination of Environmental Phase I Report</li><li>◦ Review of project scope and funding mechanisms</li><li>◦ Assist the District with completion of USDA application</li><li>◦ Review of USDA commitment letter</li></ul></li></ul>

## Work Program

### a. Market Discussion and Communication

Piper Sandler has a full suite of analytic tools that we utilize for our clients during and between financings. We pride ourselves on our ability to bring sophisticated solutions to solve the many complex problems our clients face. Our capabilities are always available for our clients and will be for the District throughout the financing process and during the many years of our hopeful partnership.

Ongoing communications with clients can include peer comparisons, debt capacity analysis, rating agency surveillance, bond valuation services, among others. In particular, we keep our healthcare clients updated on financing trends in the healthcare market through our weekly healthcare market update.

### b. USDA Experience

#### Public Hospital District USDA Experience

In addition to being the largest underwriter of publicly offered bonds for public hospital districts across the nation, our firm has significant USDA experience. Our team has assisted rural hospitals throughout the U.S. in obtaining Interim and or permanent financing associated with the USDA CF program. In the past 10 years, we have helped our clients raise over \$325 million of capital through the USDA program and are currently in process on an additional \$100+ million. Our proven track record with USDA allows us to identify and navigate around programmatic challenges early in the process with senior USDA RD staff.

Perhaps as importantly, our direct placement platform, underwriting team and access to capital position allows us to effectively deliver on both public and bank-placed interim and permanent financing to facilitate USDA CF projects. We have included a list of recent USDA transactions as an appendix to this response.

## RECENT CASE STUDY – PROSSER PUBLIC HOSPITAL DISTRICT

Piper Sandler served as placement agent to Prosser Public Hospital District's 2022 Bond Anticipation Note financing. The interim financing will fund the construction of a replacement hospital for Prosser and once construction is complete, the interim financing will be taken out by a USDA Direct Loan.

- Piper Sandler ran a dual-track approach where capital cost in the private and public markets was investigated to ensure Prosser obtained the lowest possible interest rate on its interim construction financing.
- Through Piper Sandler's private placement platform, Prosser secured a commitment from a single lender for the entire loan amount.
- Piper Sandler successfully sourced commitments which included a draw down feature to reduce the interest Prosser accrues during construction.
- The Prosser financing is one of the largest USDA hospital financings to be completed.



**Prosser**  
Memorial Health

**\$80,500,000**

Prosser Public  
Hospital District  
Hospital Revenue Bond  
Anticipation Note, 2022

Sole Placement Agent

### About Prosser Memorial Health

Prosser Memorial Health is a 21-bed critical access hospital in Prosser, WA. Prosser operates three rural health clinics and two hospital-based specialty clinics. It was designated as a CAH in 2003.

### Relevant Connections

- Construction loan financing for USDA Direct Loan transaction
- Replacement hospital financing for a critical access hospital public hospital district
- Dual-track approach utilized to ensure lowest borrowing cost was achieved
- Portion of the construction loan was secured by a GO pledge

**Jefferson**  
Healthcare

**\$24,820,000**

USDA CF Direct Loan &  
Bank Placement

 **Ozarks Medical Center**  
The Right Care, Right Here

**\$68,832,000**

USDA Direct Loan &  
Bank Placement

**Tomah**  
Memorial Hospital

**\$48,000,000**

USDA CF Direct Loan &  
Bank Placement

 **LifeQuest**  
When Caring Is A Matter Of Trust

**\$48,910,000**

USDA CF Direct Loan &  
BAN Underwriting

### Financing Options and Marketing Approach for Interim Construction Financing

The USDA Direct Loan structure requires the District to pursue interim construction financing. Piper Sandler will help the District obtain the short-term capital necessary to complete the proposed construction, with the commitment from the USDA to provide a direct loan as the long-term funding source for the project. There are two primary options available for the construction financing and we recommend a dual-track approach wherein we begin the private placement process in advance of the final project bidding for the construction loan and if indicative terms from lenders are deemed less desirable to the District, we pivot to a BAN structure which is priced once the project is bid out.

### Construction Loan

Piper Sandler utilizes its unmatched private placement platform to solicit between 40 and 60 banks both locally and nationwide to provide financing options for the construction costs and costs of issuance that are not covered by the equity contribution. One of the chief benefits of a construction loan versus a Bond Anticipation Note ("BAN"), is the ability for many lenders to provide the District with the ability to draw funds down when needed as opposed to having funds drawn all at once at closing. A drawdown feature can significantly reduce the cost of interest during the construction period. Another benefit to a privately placed construction loan is that the District can solicit lenders for term sheet proposals before final costs are bid out and the guaranteed max price contract is executed. This feature allows the District to identify a lending commitment more quickly than in a publicly offered BAN financing. In the Prosser financing, the loan amount was increased three times due to escalating construction costs following lender selection.

The interim construction loan would only close, however, after the GMP has been executed to ensure that the loan amount is sufficient to fund the project.

Benefits:	Considerations:
<ul style="list-style-type: none"> <li>• Could be floating or fixed rate</li> <li>• Can be structured as a draw down to reduce the carried interest cost</li> <li>• Short amortization</li> <li>• Ease of issuance</li> <li>• Solicit lenders before final costs are bid out</li> </ul>	<ul style="list-style-type: none"> <li>• If floating, the District would be subject to interest rate risk during construction</li> <li>• Construction loans can be difficult to source in some circumstances</li> </ul>

Depending on the bank, this construction loan could be structured as a tax-exempt note or a taxable direct loan. The latter may have slightly lower issuance costs, but potentially a slightly higher rate of interest.

We can use the solicitation to collect the information and analyze which structure is better suited for the District's needs. We utilized the construction loan structure for the Prosser Public Hospital District issue given its lower cost and drawdown feature that minimized negative arbitrage.

### Bond Anticipation Notes

Should acceptable short-term capital be unavailable from a bank, a public offering of BANs underwritten by Piper Sandler can be utilized for interim financing to be taken out by the USDA Direct Loan. Oftentimes the BAN structure can provide a significant interest rate benefit that offset the need to fund the entire project and interest costs at closing. Since the financing amount could not be increased after pricing, a BAN offering necessitates more certainty around total project cost.

Benefits:	Considerations
<ul style="list-style-type: none"> <li>• Generally fixed rate</li> <li>• Short amortization</li> <li>• No loan to value restrictions</li> <li>• Large market</li> </ul>	<ul style="list-style-type: none"> <li>• Higher cost to issue versus a construction line</li> <li>• Project and capitalized interest funded upfront</li> <li>• Need short-term rating for lowest rate</li> <li>• Final project costs need to be established before pricing of transaction</li> </ul>

We utilized the BAN structure for Tomah Memorial Hospital (WI) as well as a financing for Shenandoah Medical Center (IA). The BAN option in these cases offered better terms and lower cost than what was available directly from banks.

**Piper Sandler recommends a dual-track approach where we solicit construction loan financing proposals through our private placement platform and compare indicative term sheet responses to those proposed rates to the expected rates of a BAN issuance. This approach provides the District a full picture of rates available to them and leaves no stone unturned in the pursuit of the lowest cost financing.**

### Programmatic USDA Challenges

Given the complexity of the USDA offering process, many factors both inside and outside of the District's control can create delays or uncertainty with respect to the approval and commitment process of a USDA Direct Loan including delays relating to the feasibility study, preliminary architectural review, and environmental assessments in addition to possible application review backlog at the USDA. Piper Sandler has strong relationships with the state and national USDA offices as a result of our prior USDA experience and we are confident we can work with the District and Fieldman Rolapp to navigate any USDA hurdles.

In section D, we have highlighted the benefits and considerations that come with a USDA financing and provided alternative financing approaches in the event the USDA approval process or additional costs prove more onerous than expected or the District wants to get to market and secure funding more quickly. The implementation of the Build America, Buy America Act ("BABAA") over the next few months, may lead to a meaningful increase in costs and additional challenges that may delay approval. It is important that the District selects a firm that is a leader in all possible financing approaches so the plan of finance can pivot if needed and valuable time is not wasted.

### c. Rating Agency Discussion

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Generally, for hospital districts, Piper Sandler recommends using Moody's Investors Service for tax-backed transactions as Moody's provides incremental benefit to tax-backed healthcare transactions compared to S&P and Fitch. While S&P and Fitch will factor hospital operations into the GO rating outcome, Moody's largely separates hospital operations from their GO rating analysis and instead focuses on the tax base and regional demographics. We have seen this rating agency dynamic play out countless times for public hospital districts and most recently saw a 10-bed critical access public hospital district in Washington receive a "Baa1" rating from Moody's for their \$45 million GO replacement hospital financing.

**Moody's provides incremental benefit to tax-backed healthcare transactions.**

Our previous experience and this recent comparable financing provide us with the certainty that Moody's is the appropriate rating agency to approach for a GO rating and that the District has a strong opportunity to achieve a similar or higher rating than that of the recently rated Washington hospital district.

If the District decides to issue long-term GO bonds, the District can reach out to Moody's for a private rating to verify the estimated rating outcome. The private rating process can be completed at relatively little cost and time commitment. A second rating is not needed for a GO financing of approximately \$40 million and Piper Sandler has successfully priced a GO financing of \$150 million with a single Moody's rating.

In the event the District issues long-term revenue/COP bonds, Piper Sandler recommends the District approach Fitch for a private indicative rating. Between the three rating agencies, Fitch's revenue/COP methodology favors healthcare borrowers with a large liquidity position to their peers.

In the event the District pursues BAN public offerings for both the GO and revenue/COP bonds to fund the interim construction as part of a USDA Direct Loan, Piper Sandler recommends the District investigates (through a private rating process) a short-term rating on the financings.

**Piper Sandler added former lead healthcare Moody's credit analyst, Andrew Jessmore to our healthcare team in 2022.**

Our experience and understanding of the market for hospital districts coupled with the presence of a former senior Moody's healthcare credit analyst as part of our healthcare team, uniquely positions Piper Sandler to help the District tell its story and achieve the best rating outcome.

### d. Marketing and Plan of Finance Discussion

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Piper Sandler has the experience, capability and expertise to help the District and Fieldman Rolapp evaluate its financing options and ultimately execute a plan of finance tailored to the District's unique needs. Piper Sandler has a proven track record in executing negotiated public offerings, private placements with a lender, Cal-Mortgage insured public offerings, and USDA Direct Loans for our clients. Over time, we have built market-leading capabilities in these methods to finance major capital projects for our Hospital District clients. We are amenable to the financing mechanism our clients ultimately choose to employ.

#### **Plan of Finance Overview**

As a rural California public hospital district, the District has access to financing options not available to typical 501(c)(3) hospital borrowers or hospital districts in other states. The District can issue long-term tax-backed general obligation bonds, utilize Cal-Mortgage insurance, and obtain permanent financing through a USDA Direct Loan.

The USDA Direct Loan program is a very attractive financing option and works well for most smaller CAH districts as it provides a low cost of long-term capital. Piper Sandler looks forward to working with the District and Fieldman Rolapp on a USDA financing - identifying the optimal interim construction financing option (private placement or public BAN offering) and helping the District navigate any USDA approval hurdles should they arise.

As part of the plan of finance development, Piper Sandler is excited to review with the District and Fieldman Rolapp other opportunities to optimize the financing approach including potentially issuing long-term GO bonds outside of USDA and thereby the USDA counts the long-term GO bond proceeds as equity instead of providing USDA with the GO security. Piper Sandler has seen the USDA selectively apply this treatment for other California hospital districts and this may allow the District to lock in a lower long-term rate on the revenue/COP portion than the initial rate provided by USDA. A rough estimate of the of the average interest rate between a USDA Direct Loan financing (including interim construction loan) and a hybrid USDA Direct Loan and long-term GO issue is provided to the right. This is a sample of the analysis and plan of finance discussion Piper Sandler looks forward to continuing to provide upon engagement.

	Average Interest Rate
<b>USDA Direct Loan for GO and COP</b>	<b>3.73%</b>
<b>Long-term GO + USDA for COP</b>	<b>4.13%</b>
* Preliminary, subject to change Note: Assumes 4.00% interest rate from USDA (representing 25 bps increase from current rate).	

Lastly, if the programmatic challenges of USDA including the new requirements of the Build America, Buy America Act ("BABA"), heightened architectural review, and other construction specific oversight requirements prove too cumbersome or expensive, Piper Sandler is confident in our ability to execute on a financing outside of the USDA. Piper Sandler has completed many long-term GO and revenue/COP financings for California public hospital districts.

Provided below are the potential financing options available to the District and the benefits and considerations of each. Piper Sandler is confident in our ability to execute on any of the discussed financing approaches due to our extensive prior experience and believes this flexibility will be a distinct advantage to the District as all financing approaches can remain on the table as the financing progresses.

1 100% USDA Funds GO and Revenue/COP Bonds	2 50% USDA Funds Revenue/COP Bonds	3 0% USDA Funding is Not Used
<ul style="list-style-type: none"> <li>• <b>Plan of Finance</b> <ul style="list-style-type: none"> <li>◦ Interim GO and COP construction loans (placement or public BANs)</li> <li>◦ USDA Direct Loan takes out interim GO and COP construction loans</li> </ul> </li> <li>• <b>Benefits</b> <ul style="list-style-type: none"> <li>◦ Lowest cost of capital</li> </ul> </li> <li>• <b>Considerations</b> <ul style="list-style-type: none"> <li>◦ Longest financing timeline / time to market</li> <li>◦ USDA approval required</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Plan of Finance</b> <ul style="list-style-type: none"> <li>◦ Issue long-term GO Bonds outside of USDA</li> <li>◦ Construction loan for COP (USDA take out)</li> </ul> </li> <li>• <b>Benefits</b> <ul style="list-style-type: none"> <li>◦ Get to market more quickly for GO portion</li> <li>◦ GO bond proceeds could be counted as equity by USDA</li> </ul> </li> <li>• <b>Considerations</b> <ul style="list-style-type: none"> <li>◦ Potentially higher interest rate on GO bonds</li> <li>◦ USDA approval on COP</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Plan of Finance</b> <ul style="list-style-type: none"> <li>◦ Issue long-term GO Bonds &amp; non-rated or Cal-Mortgage insured COPs</li> </ul> </li> <li>• <b>Benefits</b> <ul style="list-style-type: none"> <li>◦ Shorter time to market</li> <li>◦ Significant construction cost savings</li> <li>◦ Long-term (30 years)</li> <li>◦ Market based security and covenants package</li> </ul> </li> <li>• <b>Considerations</b> <ul style="list-style-type: none"> <li>◦ Likely higher all-in interest rates</li> <li>◦ Utilize Cal-Mortgage to lower COP costs</li> </ul> </li> </ul>

### Overview of Potential Timeline

Included below is a high-level timeline of milestones for the District's financing. Piper Sandler will work in collaboration with the District and the financing team to coordinate the timing of working group calls and underwriting activities. The key aspect is to coordinate the interim/construction financing with the USDA approvals and required bidding process. The USDA approval process will drive the financing timeline as the financing options can be accelerated if USDA approvals occur more quickly than anticipated. Typically, a private placement lender is identified after a Letter of Commitment is received from USDA but prior to the final bidding of the project and execution of a GMP.

If publicly offered BANs are utilized, the documentation occurs prior to the receipt of the GMP but the sale of the BANs occurs after receipt of the GMP.

Any interim financing option or long-term GO Bond issue can be completed in less than 90 days.

The below timeline assumes a USDA financing and a typical timeline for USDA review and approval.

<b>USDA</b>	✓ Receipt of Letter of Conditions	✓ Construction plans and specifications completed and submitted to USDA for review / approval		✓ USDA approves construction plans and allows for bidding of the project	✓ Bids received, guaranteed maximum price (GMP) contract executed	✓ Begin construction
<b>Key Events:</b>	<b>Day 1*</b>	<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>
<b>Interim / Permanent Financing</b>		✓ Begin working on Request for Terms (Private placement) ✓ Begin working on GO Bond long-term documentation if necessary	✓ Review term sheets and compare against BANs	✓ Rating meetings for long-term public bonds or GO BANs (if necessary) ✓ Documentation completed for public BAN issue (if necessary)	✓ Sell BANs (if necessary)	✓ Close interim financing (Public / Private)

\*This will occur approximately 60 days after the full application is submitted to USDA including Feasibility Study, Preliminary Architect Review and Environmental assessment are completed, among other tasks.

### Marketing Approach and Transparency in Execution

The marketing process truly begins with a collaborative team effort to produce accurate and complete disclosure information which effectively sets the District apart from other borrowers. We will invest the time and resources necessary to produce a thorough disclosure package that not only fulfills disclosure obligations but also highlights the unique attributes of the District. Following that, when marketing the issue, Piper Sandler will achieve a strong pricing result and transparent financing process for the District by adhering to a specific set of principles:

- Conduct a thorough and disciplined marketing process;
  - Reach entire spectrum of buyer base from retail to middle market to institutional investors by specifically structuring maturities to reach each of them;
  - Address institutional investor needs with a thorough and effective disclosure package and investor presentation;
  - Utilize different coupon structures and bifurcated maturities to obtain the lowest possible interest cost while still meeting investor demands;
  - Be prepared to commit capital as needed to support the underwriting process;
  - Provide the District and Fieldman Rolapp with complete transparency through the underwriting process to ensure informed decisions are made and client satisfaction is achieved by presenting comparable transaction information prior to and after pricing; and
  - Provide real-time access to our order book throughout the pricing process.

## e. Capital Commitment

### Putting Our Capital to Work for You

Piper Sandler is one of the best capitalized firms in the municipal bond industry due to the Firm's strong equity capital position and minimal leverage, with a theoretical underwriting capacity of \$2.8 billion (as of December 31, 2022). Throughout challenging market conditions, we continue to support our public agency partners by committing our own capital to underwrite unsold maturities and hold appropriate interest rate levels. Within California, our lead underwriter, Chris Besette, has sole authority to underwrite up to \$150 million without going through senior management approval.

Piper Sandler regards its capital as a resource to its clients to ensure that their issues are priced fairly and effectively distributed. As Piper Sandler has few capital-intensive

business lines, more capital can be deployed to support our public finance clients. The firm's uncommitted excess net capital as of December 31, 2022, was \$197.5 million, with no set limit on the amount of capital that can be committed to a transaction. **In 2022, Piper Sandler committed over \$855 million in capital to underwrite unsold balances on over 775 transactions.** Three examples to highlight our strong commitment include underwriting \$14 million (58.33%) of the Kern County Board of Education Tax and Revenue Anticipation Notes in 2021, \$21.0 million (20.63%) of Valley Medical Center's \$101.8 million GO financing in 2018 and \$14.5 million (27.88%) of Shodair Children's \$52 million revenue bonds in 2020.

### Piper Sandler Advantages

- ✓ **Few Capital-Intensive Business Lines:** Nearly all our firm capital is deployed to support our public finance clients.
- ✓ **Standing Authority to Underwrite:** Our underwriting team can take down \$150 million without senior management approval.
- ✓ **Confidence in Our Distribution Platform:** We price transactions aggressively because we are confident that we will be able to distribute unsold balances in an efficient manner.

## f. Why Piper Sandler

### Leader in California Public Hospital District Financing, USDA, and All Potential Financing Options

Piper Sandler is one of the most active underwriters of municipal bonds in the country and California - demonstrating the professionalism and expertise we provide and the confidence our clients have placed in us. Over the last 5 years, our firm has sole or senior managed 444 California long-term negotiated and private placement transactions worth \$13.1 billion placing us as the #2 ranked underwriter by number of issues (*Source: Refinitiv*). Our combined healthcare and state expertise has enabled us to work with 20 California hospital districts to date as underwriter or placement agent, the most of any firm. We have helped public hospital districts execute on financings via GO bonds, revenue bonds, Cal-Mortgage insured offerings, and USDA Direct Loans. Our full suite of financing capabilities allows us to help the District and Fieldman Rolapp pivot the plan of finance if obstacles arise to ensure the financing is completed.

By engaging Piper Sandler, the District can rest easy knowing its financing will be executed cost-effectively and efficiently, regardless of structure and security.

## g. Placement Agent and Unique Investors


### Direct Placement Expertise

A prominent component of our municipal sales effort is our Direct Placement desk. This team is specifically focused on the placement of loans or bonds directly to banks, financial institutions and specialty lenders. We are the top ranked placement agent perennially. Piper Sandler is not a commercial bank, and as such, we are not constrained by a bank's typical lending parameters. We are able to canvas a wider market and give our clients the competitive edge when sourcing their capital.

We create competition for direct placements by selectively utilizing our network of more than 2,000 potential lenders throughout the U.S.; more than 400 different banks and alternative investors have participated in our loan programs to date.

As placement agent on a typical transaction, we solicit 40 to 60 banks across the country, specifically chosen to match their investment objectives including geographical location, sector and security and often receive nearly a dozen proposals.

This competitive process is thorough, free of conflict and importantly, gives comfort to clients and their boards that the process results in the most favorable rates and aggressive terms. During 2022, we completed 189 direct placements with a par amount over \$2.6 billion for our clients, ranking us the top placement agent in the country by number of placement transactions completed. Below we highlight select California healthcare districts where we have served as sole placement agent recently.

 <b>Kaweah Health</b> <small>MORE THAN MEDICINE. LIFE.</small> <b>\$32,035,000</b> Kaweah Delta Health Care District Refunding Revenue Bonds, Series 2022 Sole Placement Agent	 <b>Tehachapi Valley Healthcare District</b> <small>Quality healthcare. Right here. Right now.</small> <b>\$53,985,000</b> Tehachapi Valley Health Care District GO Bonds (Cinderella) Series 2021 Sole Placement Agent	 <b>Northern Inyo Health</b> <small>Now we're Even Healthier and Drinker!</small> <b>\$11,845,000</b> Northern Inyo Health Care District Refunding Revenue Bonds Series 2021 Sole Placement Agent	 <b>SONOMA VALLEY HOSPITAL</b> <small>SONOMA VALLEY HOSPITAL</small> <b>\$15,825,000</b> Sonoma Valley Health Care District GO Refunding Bonds Series 2021 Sole Placement Agent
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### Unique Relationship - A Competitive Advantage

Piper Sandler has a particularly strong relationship with Loomis Sayles who is the portfolio manager for three bond funds whose sole purpose is to purchase bonds of California health care borrowers that meet certain criteria for treating underserved Californians which criteria the District will be able to meet.

As an example of this unique relationship, Piper Sandler is the only underwriter or placement agent to have completed a private placement with the funds including three for California borrowers. When Loomis Sayles purchases bonds on behalf of the funds they typically aim to purchase debt at rates that are approximately 3 to 5% through the then current "market" rate for the bonds.

We combine this strong relationship with Loomis Sayles, our San Francisco Sales and Underwriting team, one of the largest municipal sales forces in the nation, best in class direct placement platform, knowledge of the key California healthcare bond buyers and our detailed marketing process to ensure our clients' bonds are underwritten or placed at the lowest rates.

## Compensation

### h. Fee Proposal

The goal of our fee proposal is to provide the District with a fee that is cost effective, aggressive, and indicative of our strong desire to partner together, while at the same time assures that the bonds are distributed as widely as possible to produce the lowest overall financing cost.

	Interim Short-Term GO Bond	Interim COP/Lease	Long-Term GO Bond	Long-Term COP/Lease
<b>Management</b>	0.00	0.00	0.00	0.00
<b>Takedown</b>	\$6.50 / \$1,000	\$6.50 / \$1,000	\$6.50 / \$1,000	\$6.50 / \$1,000
<b>Expenses</b>	\$35,000	\$35,000	\$35,000	\$35,000

Expenses included above are with respect to estimated Underwriter's counsel fee. Additional expenses for a publicly offered transaction would include CUSIP fees, investor roadshow, printing of POS/OS, Ipreo Bookrunning with Gameday view monitor, Pershing closing and CDIAC fees. Piper Sandler estimates those fees to be no greater than \$20,000 and can provide a breakdown if requested.

## Appendix A: Piper Sandler Sole or Senior Managed Healthcare Experience (2018-2022)

Included below are financings where Piper Sandler served as lead manager or placement agent. California transactions are bolded.

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
2/23/2023	\$10,000,000	Kit Carson County Health Service District Health Care Facilities Revenue Bonds, Series 2023	Sole	Private Placement	Tax-Exempt
1/24/2023	\$26,000,000	Ellinwood Hospital District Hospital, Kansas, Revenue Bond Anticipation Bonds, Series 2023	Sole	Private Placement	Tax-Exempt
12/29/2022	\$15,310,000	Kittitas County Public Hospital District No. 1 (B/D/A Kittitas Valley Healthcare) Washington, Hospital Revenue Bonds, Series 2022	Sole	Private Placement	Tax-Exempt
12/22/2022	\$8,000,000	City of Hawarden, Iowa, Hospital Revenue Note Series 2022 (Hawarden Regional Healthcare Project)	Sole	Private Placement	Tax-Exempt
12/14/2022	\$11,000,000	Klamath Falls Intercommunity Hospital Authority, Oregon, Revenue Refunding Bonds (Sky Lakes Medical Center) Series 2022	Sole	Private Placement	Tax-Exempt
12/6/2022	\$80,500,000	Prosser Public Hospital District, Benton County, Washington, Hospital Revenue Bond Anticipation Note, 2022	Sole	Private Placement	Tax-Exempt
12/1/2022	\$100,000,000	Wisconsin Health and Educational Facilities Authority, Revenue Bonds (Bellin Memorial Hospital, Inc.) Series 2022A	Co-Snr	Negotiated	Tax-Exempt
12/1/2022	\$30,000,000	Wisconsin Health and Educational Facilities Authority, Revenue Bonds (Bellin Memorial Hospital, Inc.) Series 2022B	Co-Snr	Negotiated	Tax-Exempt
9/29/2022	\$24,750,000	Wisconsin Health and Educational Facilities Authority, Improvement Revenue Bonds (Mile Bluff Medical Center) Series 2022A	Sole	Private Placement	Tax-Exempt
9/29/2022	\$18,600,000	County of Union, Ohio, Hospital Facilities Revenue Bonds, Series 2022, (Memorial Ohio Properties, LLC Project)	Sole	Private Placement	Tax-Exempt
9/21/2022	\$5,980,000	City of Northfield, Minnesota, Hospital Revenue Bond, Series 2022B	Sole	Private Placement	Tax-Exempt
8/31/2022	\$84,525,000	Cooper Green Mercy Health Services Authority, An Affiliate of UAB Health Systems, Revenue Bonds (Jefferson County Funding) Series 2022A	Senior	Negotiated	Tax-Exempt
8/30/2022	\$276,155,000	County of Washington, Ohio, Hospital Facilities Revenue Bonds, Series 2022 (Memorial Health System Obligated Group)	Sole	Negotiated	Tax-Exempt
8/12/2022	\$39,175,000	Industrial Development Authority of the City of Show Low, Arizona, Revenue Refunding Bonds (Summit Healthcare Association Project) Series 2022	Sole	Private Placement	Tax-Exempt
7/19/2022	\$17,500,000	Milwaukee Regional Medical Center, Wisconsin, Taxable Revenue Bonds, Series 2022B	Sole	Private Placement	Taxable
7/14/2022	\$15,000,000	City of Murray, Kentucky, Hospital Facilities Revenue Bonds (Murray-Calloway County Public Hospital) Series 2022	Sole	Private Placement	Tax-Exempt

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
7/14/2022	\$1,815,000	Whidbey Island Public Hospital District, Island County, Washington, Limited Tax General Obligation and Revenue Bond, (WhidbeyHealth) 2022A	Sole	Private Placement	Tax-Exempt
7/14/2022	\$8,185,000	Whidbey Island Public Hospital District, Island County, Washington, Limited Tax General Obligation and Revenue Bond, (WhidbeyHealth) 2022B (Taxable)	Sole	Private Placement	Taxable
7/14/2022	\$4,985,000	Whidbey Island Public Hospital District, Island County, Washington, Limited Tax General Obligation and Revenue Bond, 2022C	Sole	Private Placement	Taxable
7/14/2022	\$65,800,000	City of Olathe, Kansas, Health Facilities Revenue Bonds (Olathe Health) Series 2022A	Sole	Private Placement	Tax-Exempt
6/24/2022	\$20,000,000	Marion County, Oregon, Direct Purchase Facility, Series 2022	Senior	Private Placement	Tax-Exempt
6/23/2022	\$59,420,000	Wisconsin Health and Educational Facilities Authority, Revenue Bonds (Milwaukee Regional Medical Center Utility and Infrastructure Obligated Group) Series 2022A	Sole	Negotiated	Tax-Exempt
4/27/2022	\$32,035,000	<b>Kaweah Delta Health Care District, California Refunding Revenue Bonds, Series 2022</b>	Sole	Private Placement	Tax-Exempt
2/28/2022	\$16,657,945	Wisconsin Health and Educational Facilities Authority, Hospital Refunding Revenue Bonds (Sauk Prairie Healthcare) Series 2022A	Sole	Private Placement	Tax-Exempt
2/24/2022	\$17,630,000	Wisconsin Health and Educational Facilities Authority, Revenue Refunding Bonds (Spoonerville Health System) Series 2022	Sole	Private Placement	Tax-Exempt
12/29/2021	\$3,220,000	<b>Northern Inyo Healthcare District, California, Refunding Revenue Bonds, Series 2021A</b>	Sole	Private Placement	Tax-Exempt
12/29/2021	\$8,625,000	<b>Northern Inyo Healthcare District, California, Taxable Refunding Revenue Bonds, Series 2021B</b>	Sole	Private Placement	Taxable
12/17/2021	\$26,835,000	Sweetwater County, Wyoming, Hospital Revenue Refunding Bonds (Memorial Hospital of Sweetwater County) Series 2021A	Sole	Private Placement	Taxable
12/16/2021	\$18,755,000	Public Hospital District No. 1 Skagit County, Washington, Hospital Revenue Bonds, Series 2021 (Cinderella)	Sole	Private Placement	Tax-Exempt
12/14/2021	\$16,725,000	Public Hospital District No. 1, Clallam County, Washington, (Forks Community Hospital) Hospital Revenue and Refunding Bond, 2021	Sole	Private Placement	Tax-Exempt
12/7/2021	\$53,985,000	<b>Tehachapi Valley Healthcare District, California, Taxable General Obligation Bonds 2021 (Cinderella)</b>	Sole	Private Placement	Taxable
11/18/2021	\$44,580,000	<b>West Contra Costa Healthcare District (Contra Costa County, California) Refunding Revenue Bonds, Series 2021</b>	Sole	Negotiated	Tax-Exempt
11/10/2021	\$5,336,000	Hot Springs County Hospital District, Wyoming, Hospital Improvement Revenue Bonds, Series 2018B Reissuance (2021)	Sole	Private Placement	Tax-Exempt
11/9/2021	\$9,918,000	Labette County, Kansas, Refunding and Improvement Revenues Bonds (Labette Health) Series 2021	Sole	Private Placement	Tax-Exempt

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
10/28/2021	\$18,964,000	City of Rushford, Minnesota, Healthcare Revenue Bonds (Winona Health) Series 2021	Sole	Private Placement	Tax-Exempt
10/27/2021	\$132,780,000	California Statewide Communities Development Authority, Health Facility Revenue Bonds (Montage Health) Series 2021A	Sole	Negotiated	Tax-Exempt
10/14/2021	\$49,785,000	Indiana Finance Authority, Health Facilities Refunding and Improvement Revenue Bonds (Good Samaritan Hospital) Series 2022A (Forward Delivery)	Sole	Negotiated	Tax-Exempt
10/13/2021	\$152,175,000	King County Public Hospital District No. 2 (EvergreenHealth) Washington, Limited Tax General Obligation Bonds, 2021 (Taxable)	Sole	Negotiated	Taxable
10/6/2021	\$49,480,000	National Finance Authority, New Hampshire, Hospital Facilities Revenue Bonds (Saint Elizabeth Medical Center, Inc.) 2021A	Sole	Negotiated	Tax-Exempt
10/6/2021	\$50,520,000	National Finance Authority, New Hampshire, Hospital Facilities Revenue Bonds (Saint Elizabeth Medical Center, Inc.) 2021B	Sole	Negotiated	Taxable
9/29/2021	\$15,365,000	California Municipal Finance Authority, Insured Revenue Bonds (Valley Health Team, Inc.) Series 2021A	Sole	Negotiated	Tax-Exempt
9/28/2021	\$18,130,000	County of Wood, Ohio, Hospital Facilities Refunding Bonds to advance refund Series 2012 (Wood County Hospital Obligated Group) Series 2021C	Sole	Private Placement	Taxable
8/31/2021	\$7,350,000	County of Montgomery, Ohio, Healthcare Facilities Revenue Bonds (Ohio's Hospice, Inc.) Series 2021A	Sole	Private Placement	Tax-Exempt
8/31/2021	\$5,000,000	County of Montgomery, Ohio, Healthcare Facilities Revenue Bonds (Ohio's Hospice, Inc.) Series 2021B	Sole	Private Placement	Tax-Exempt
8/12/2021	\$8,000,000	Montana Facility Finance Authority, Health Care Facilities Revenue Bonds, (Master Loan Program - Community Hospital of Anaconda Project) Series 2021A Bonds	Sole	Private Placement	Tax-Exempt
8/12/2021	\$18,615,000	Montana Facility Finance Authority, Health Facilities Revenue Bonds (Community Hospital of Anaconda Project) Series 2021B	Sole	Private Placement	Tax-Exempt
8/5/2021	\$15,825,000	Sonoma Valley Health Care District, California, General Obligation Refunding Bonds, Series 2021	Sole	Private Placement	Tax-Exempt
7/22/2021	\$9,295,000	Public Hospital District No. 3, Snohomish County, Washington, Limited Tax General Obligation Refunding (Stilly Valley) Bonds, Series 2021	Sole	Private Placement	Tax-Exempt
7/22/2021	\$130,470,000	Iowa Finance Authority, Revenue Refunding Bonds (Genesis Health) Series 2021 (Cinderella)	Sole	Private Placement	Taxable
7/20/2021	\$11,415,000	California Municipal Finance Authority, Insured Revenue Bonds (La Maestra Community Health Centers) Series 2021A	Sole	Negotiated	Tax-Exempt
7/20/2021	\$880,000	California Municipal Finance Authority, Taxable Insured Revenue Bonds (La Maestra Community Health Centers) Series 2021B	Sole	Negotiated	Taxable

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
6/30/2021	\$71,240,000	Montana Facility Finance Authority, Health Care Facilities Revenue and Refunding Bonds, (Kalispell Regional Medical Center Obligated Group), Series 2021	Sole	Private Placement	Tax-Exempt
6/1/2021	\$5,465,000	Wisconsin Health and Educational Facilities Authority, Adjustable Rate Refunding Revenue Bonds (Reedsburg Area Medical Center) Series 2014A (2021)	Sole	Private Placement	Tax-Exempt
6/1/2021	\$5,465,000	Wisconsin Health and Educational Facilities Authority, Adjustable Rate Refunding Revenue Bonds (Reedsburg Area Medical Center) Series 2014B (2021)	Sole	Private Placement	Tax-Exempt
5/20/2021	\$35,390,000	Kansas Development Finance Authority, Health Facilities Revenue Bonds, (Stormont Vail Health) Series 2021F	Sole	Private Placement	Tax-Exempt
5/20/2021	\$40,145,000	Kansas Development Finance Authority, Health Facilities Revenue Bonds, (Stormont Vail Health) Series 2021G	Sole	Private Placement	Tax-Exempt
4/28/2021	\$19,495,000	Health and Educational Facilities Authority of the State of Missouri, Health Facilities Revenue Bonds (Bethesda Health Group, inc.) Series 2021	Sole	Negotiated	Tax-Exempt
4/20/2021	\$25,170,000	Indiana Finance Authority, Hospital Revenue Bonds (Marion General Hospital) Series 2021	Sole	Negotiated	Tax-Exempt
3/23/2021	\$12,616,000	Kern Valley Healthcare District Refunding Revenue Bonds Series 2021	Sole	Private Placement	Tax-Exempt
3/18/2021	\$30,670,000	West Park Hospital District, Wyoming, d/b/a Cody Regional Health, Healthcare Revenue Bonds, Series 2021	Sole	Private Placement	Tax-Exempt
3/16/2021	\$63,470,000	Little Company of Mary Hospital of Indiana, Inc. D/B/A Memorial Hospital and Health Care Center, Taxable Bonds, Series 2021A	Sole	Negotiated	Taxable
3/4/2021	\$26,600,000	County of Wood, Ohio, Hospital Facilities Refunding Revenue Bonds (Wood County Hospital Obligated Group) Series 2021A (Huntington Bank)	Sole	Private Placement	Taxable
3/4/2021	\$10,000,000	County of Wood, Ohio, Hospital Facilities Refunding Revenue Bonds (Wood County Hospital Obligated Group) Series 2021B (Signature Bank)	Sole	Private Placement	Taxable
1/21/2021	\$44,610,000	California Municipal Finance Authority, Revenue Bonds (Community Health Centers of the Central Coast, Inc.) Series 2021A	Sole	Negotiated	Tax-Exempt
1/21/2021	\$20,895,000	California Municipal Finance Authority, Revenue Bonds (Community Health Centers of the Central Coast, Inc.) Series 2021B (Federally Taxable)	Sole	Negotiated	Taxable
1/14/2021	\$71,615,000	Laramie County, Wyoming, Hospital Revenue Refunding Bonds (Cheyenne Regional Medical Center Project) Series 2021	Sole	Negotiated	Tax-Exempt
1/5/2021	\$1,500,000	North Olympic Healthcare Network, Washington, USDA Guaranteed Taxable Facilities Direct Loan, Series 2021	Sole	Private Placement	Taxable
12/16/2020	\$60,635,600	Union Health System Inc., Indiana, Ginnie Mae Mortgage-Backed Securities (Direct Issuance of GNMA securities backed by a single project loan insured by the Federal Housing Administration)	Sole	Private Placement	Taxable

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
12/3/2020	\$27,912,500	Indiana Finance Authority, Healthcare Revenue Refunding Bonds (Major Hospital) Series 2020A	Sole	Private Placement	Taxable
12/3/2020	\$27,912,500	Indiana Finance Authority, Healthcare Revenue Refunding Bonds (Major Hospital) Series 2020B	Sole	Private Placement	Taxable
11/20/2020	\$6,875,000	Henry County, Ohio, Revenue Refunding Bonds (Henry County Hospital, Inc.), Series 2020	Sole	Private Placement	Tax-Exempt
11/12/2020	\$19,110,000	Colorado Health Facilities Finance Authority, Healthcare Refunding and Improvement Revenue Bonds (Montrose Memorial Hospital Project) Series 2020	Sole	Private Placement	Tax-Exempt
10/30/2020	\$10,000,000	Ste. Genevieve County, Missouri, Hospital Refunding Revenue Bonds Series 2020	Sole	Private Placement	Tax-Exempt
10/30/2020	\$5,897,835	Ste. Genevieve County, Missouri, Hospital Refunding Revenue Bonds Series 2020B	Sole	Private Placement	Tax-Exempt
10/30/2020	\$5,897,835	Ste. Genevieve County, Missouri, Hospital Refunding Revenue Bonds Series 2020C	Sole	Private Placement	Tax-Exempt
10/29/2020	\$69,430,000	Indiana Finance Authority, Hospital Revenue Bonds (Marion General Hospital) Series 2020A	Sole	Negotiated	Tax-Exempt
10/29/2020	\$11,705,000	Public Hospital District No. 4, King County, Washington, Taxable Limited Tax General Obligation Bonds, (Snoqualmie Valley Hospital) Series 2020A	Sole	Private Placement	Taxable
10/29/2020	\$4,785,000	Public Hospital District No. 4, King County, Washington, Taxable Limited Tax General Obligation Bonds, (Snoqualmie Valley Hospital) Series 2020B (Cinderella)	Sole	Private Placement	Taxable
10/28/2020	\$28,585,000	Health And Educational Facilities Authority of the State of Missouri, Health Facilities Revenue Bonds (Capital Region Medical Center) Series 2020	Sole	Negotiated	Tax-Exempt
10/27/2020	\$13,590,000	<b>California Municipal Finance Authority, Insured Refunding Revenue Bonds (La Maestra Community Health Centers) Series 2020</b>	<b>Sole</b>	<b>Negotiated</b>	<b>Tax-Exempt</b>
10/23/2020	\$84,560,000	City of Minneapolis, Minnesota and the Housing and Redevelopment Authority of the City of St. Paul, Minnesota, Health Care Facilities Variable Rate Revenue Refunding Bonds (Children's Health Care) Series 2020A	Sole	Private Placement	Tax-Exempt
10/23/2020	\$84,560,000	City of Minneapolis, Minnesota and the Housing and Redevelopment Authority of the City of St. Paul, Minnesota, Health Care Facilities Variable Rate Revenue Refunding Bonds (Children's Health Care) Series 2020A	Sole	Private Placement	Tax-Exempt
10/15/2020	\$32,735,000	Montana Facility Finance Authority, Health Care Facilities Revenue Bonds (Montana Children's Home and Hospital Project) Series 2020A	Sole	Negotiated	Tax-Exempt
10/15/2020	\$20,000,000	Montana Facility Finance Authority, Health Care Facilities Revenue Bonds (Master Loan Program - Montana Children's Home and Hospital Project) Series 2020B	Sole	Negotiated	Tax-Exempt
10/14/2020	\$127,620,000	South Dakota Health and Educational Facilities Authority, Revenue Bonds (Monument Health) Series 2020A	Senior	Negotiated	Tax-Exempt
10/14/2020	\$26,285,000	South Dakota Health and Educational Facilities Authority, Refunding Taxable Revenue Bonds (Monument Health) Series 2020B	Senior	Negotiated	Taxable

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
10/8/2020	\$10,000,000	City of Yuba City, California, Certificates of Participation (Ampla Health) Series 2020	Sole	Private Placement	Tax-Exempt
9/18/2020	\$25,605,800	Indiana Finance Authority, Hospital Revenue Bonds (Major Hospital) Series 2018 Reissuance	Sole	Private Placement	Tax-Exempt
9/11/2020	\$59,210,000	Memorial Health System, Taxable Term Loan, Series 2020	Sole	Private Placement	Taxable
9/11/2020	\$55,510,000	Illinois Finance Authority, Refunding Revenue Bonds (Memorial Health System) Series 2020	Sole	Private Placement	Tax-Exempt
9/2/2020	\$36,175,000	New Mexico Hospital Equipment Loan Council, Hospital System Refunding and Improvement Revenue Bonds (San Juan Regional Medical Center) Series 2020	Senior	Negotiated	Tax-Exempt
8/25/2020	\$24,125,000	Sierra View Local Health Care District (Tulare County, California) Refunding Revenue Bonds, Series 2020	Senior	Negotiated	Tax-Exempt
8/20/2020	\$20,275,000	San Geronio Memorial Healthcare District (Riverside County, California) 2020 General Obligation Refunding Bonds	Senior	Negotiated	Tax-Exempt
6/23/2020	\$3,965,000	County of Morrill, Nebraska, General Obligation Hospital Refunding Bonds, Series 2020	Sole	Negotiated	Tax-Exempt
6/4/2020	\$66,100,000	Oregon Facilities Authority, Revenue Refunding Bonds (Samaritan Health Services Project) 2020 Series A (Tax-Exempt)	Sole	Negotiated	Tax-Exempt
6/4/2020	\$3,365,000	Oregon Facilities Authority, Revenue Refunding Bonds (Samaritan Health Services Project) 2020 Series B (Federally Taxable)	Sole	Negotiated	Taxable
6/2/2020	\$10,000,000	Labette County, Kansas (Labette Health) Hospital Revenue Bonds, Series 2020	Sole	Private Placement	Tax-Exempt
6/1/2020	\$14,960,000	City of Murray, Kentucky, Hospital Facilities Revenue Refunding Bonds (Murray Calloway County Public Hospital Corporation), Series 2020 (to advance refund Series 2010 Cinderella Structure)	Sole	Private Placement	Tax-Exempt
5/21/2020	\$33,630,000	The Fulton DeKalb Hospital Authority, Georgia, Revenue Certificates (Grady Surgical Center Project), Series 2020B	Sole	Private Placement	Tax-Exempt
5/12/2020	\$72,855,000	Hospital Authority No. 2 of Douglas County, Nebraska, Health Facilities Revenue and Refunding Bonds, (Children's Hospital Obligated Group), Series 2020A	Senior	Negotiated	Tax-Exempt
5/12/2020	\$26,470,000	Hospital Authority No. 2 of Douglas County, Nebraska, Health Facilities Revenue Bonds (Children's Hospital Obligated Group), Series 2020B	Senior	Negotiated	Tax-Exempt
5/7/2020	\$110,000,000	HealthPartners Inc., Obligated Group, 4.37% Senior Notes, Series 2020, due July 1, 2050	Sole	Private Placement	Taxable
4/23/2020	\$25,000,000	County of Montgomery, Ohio, Healthcare Revenue Bonds (Ohio's Hospice, Inc.) Series 2020A-1	Sole	Private Placement	Tax-Exempt
4/23/2020	\$14,000,000	Ohio's Hospice, Inc., Ohio, Healthcare Revenue Bonds, Series 2020B (Taxable)	Sole	Private Placement	Taxable
4/23/2020	\$7,000,000	Ohio's Hospice, Inc., Ohio, Healthcare Line of Credit, Series 2020	Sole	Private Placement	Taxable

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
4/23/2020	\$13,000,000	County of Montgomery, Ohio, Healthcare Revenue Bonds (Ohio's Hospice, Inc.) Series 2020A-2	Sole	Private Placement	Tax-Exempt
4/21/2020	\$46,975,000	California Health Facilities Authority, California, Insured Revenue Bonds (Marshall Medical Center) Series 2020A	Sole	Negotiated	Tax-Exempt
4/21/2020	\$21,900,000	California Health Facilities Authority, California, Insured Revenue Bonds (Marshall Medical Center) Series 2020B (Federally Taxable)	Sole	Negotiated	Taxable
3/19/2020	\$4,125,000	Henry County Health Center, Iowa, Revenue Note, Series 2020	Sole	Private Placement	Tax-Exempt
3/12/2020	\$2,500,000	Salem Memorial District Hospital, Missouri, Revenue Bonds, Series 2020	Sole	Private Placement	Tax-Exempt
3/5/2020	\$61,675,000	California Municipal Finance Authority, Revenue Bonds (Clinicas del Camino Real, Inc.) Series 2020	Sole	Negotiated	Tax-Exempt
2/27/2020	\$59,940,000	King County Public Hospital District No. 2 (EvergreenHealth), King County, Washington, Limited Tax General Obligation Bonds, 2020A	Sole	Negotiated	Tax-Exempt
2/27/2020	\$42,155,000	King County Public Hospital District No. 2 (EvergreenHealth), King County, Washington, Limited Tax General Obligation Refunding Bonds, 2020B (Taxable)	Sole	Negotiated	Taxable
2/13/2020	\$71,085,000	Tulare Local Healthcare District (Tulare County, California) 2020 General Obligation Refunding Bonds	Senior	Negotiated	Tax-Exempt
1/31/2020	\$6,800,000	Kaweah Delta Health Care District, California, Healthcare Revenue Bonds, Series 2020A	Sole	Private Placement	Tax-Exempt
1/31/2020	\$8,200,000	Kaweah Delta Health Care District, California, Healthcare Revenue Bonds, Series 2020B	Sole	Private Placement	Tax-Exempt
1/17/2020	\$31,055,000	Wisconsin Health and Educational Facilities Authority, United States Department of Agriculture - Rural Development Office Direct Loan (Tomah Memorial Hospital) 2020	Sole	Private Placement	Taxable
1/8/2020	\$214,095,000	Children's Health Care, Minnesota, Taxable Bonds, Series 2020	Co-Snr	Negotiated	Taxable
12/30/2019	\$32,775,000	Public Hospital District No. 1 of Skagit County, Washington, Hospital Revenue Bonds, Series 2019B	Sole	Private Placement	Tax-Exempt
12/30/2019	\$15,980,000	Public Hospital District No. 2, Skagit County, Washington, Unlimited Tax General Obligation Refunding Bond, 2019	Sole	Private Placement	Taxable
12/20/2019	\$14,000,000	The County Commission of Cabell County, West Virginia, Commercial Improvement Revenue Bonds (Marshall Health Project) Series 2019	Sole	Private Placement	Tax-Exempt
12/19/2019	\$9,110,000	City of Olathe, Kansas, Health Facilities Revenue Bonds (Olathe Health) Series 2019B	Sole	Private Placement	Tax-Exempt
12/19/2019	\$17,235,000	Public Hospital District No. 1, Snohomish County, Washington, (EvergreenHealth Monroe) Limited Tax General Obligation Refunding Bond, 2019B	Sole	Private Placement	Tax-Exempt
12/12/2019	\$4,550,000	Public Hospital District No. 1, Clallam County, Washington, (Forks Community Hospital), Hospital Revenue Refunding Bond, 2019	Sole	Private Placement	Tax-Exempt

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
12/2/2019	\$15,930,000	Henry Hospital District, Illinois, General Obligation Refunding Bonds (Alternative Revenue Source) Series 2019	Sole	Private Placement	Tax-Exempt
11/26/2019	\$12,165,000	Public Hospital District No. 2, Skagit County, Washington, Limited Tax General Obligation Bond (Island Hospital) Series 2019	Sole	Private Placement	Tax-Exempt
11/14/2019	\$27,755,000	Public Hospital District No. 1, Mason County, Washington, Limited Tax General Obligation Bonds (Mason General Hospital) Series 2019	Sole	Private Placement	Tax-Exempt
11/7/2019	\$15,000,000	<b>California Municipal Finance Authority Revenue Bonds (Golden Valley Health Centers) Series 2019</b>	Sole	Private Placement	Tax-Exempt
11/7/2019	\$35,000,000	City of Ames, Iowa, Hospital Revenue Bonds, (Mary Greeley Medical Center) Series 2019	Sole	Private Placement	Tax-Exempt
10/30/2019	\$30,000,000	3.56% Senior Secured Notes, Series 2019 due November 1, 2049 (Gillette Children's Specialty Healthcare), Minnesota	Sole	Private Placement	Taxable
10/22/2019	\$125,440,000	University of Kansas Hospital Authority, Kansas, Health Facilities Revenue Bonds (The University of Kansas Health System), Series 2019B	Senior	Negotiated	Tax-Exempt
9/20/2019	\$45,000,000	<b>California Statewide Communities Development Authority, Lease Revenue Bonds (Montage Health / Community Hospital of the Monterey Peninsula) Series 2019</b>	Sole	Private Placement	Tax-Exempt
9/19/2019	\$48,995,000	Denver Health and Hospital Authority, Colorado, Healthcare Revenue Refunding Bonds Series 2019B	Sole	Private Placement	Tax-Exempt
9/18/2019	\$29,040,000	Public Hospital District No. 1 of Skagit County, Washington, Unlimited Tax General Obligation Bonds, Series 2019	Sole	Private Placement	Taxable
9/12/2019	\$15,000,000	Darke County, Ohio, Revenue Bonds (Wayne Hospital Company dba Wayne Healthcare), Series 2019B	Sole	Private Placement	Tax-Exempt
9/12/2019	\$24,414,756	Darke County, Ohio, Revenue Bonds (Wayne Hospital Company dba Wayne Healthcare) Series 2019C	Sole	Private Placement	Tax-Exempt
9/11/2019	\$30,500,000	<b>Sierra View Local Health Care District (Tulare County, California) Revenue Bonds, Series 2019</b>	Senior	Negotiated	Tax-Exempt
9/5/2019	\$83,280,000	Denver Health and Hospital Authority, Colorado, Healthcare Revenue Bonds, Series 2019A	Sole	Negotiated	Tax-Exempt
8/29/2019	\$11,379,309	Corcoran Hospital District, General Obligation Refunding Bonds, Series 2019	Sole	Private Placement	Tax-Exempt
8/28/2019	\$25,000,000	County of Darke, Ohio, Hospital Facilities Revenue Bonds (Wayne Healthcare Project) Series 2019A	Sole	Negotiated	Tax-Exempt
8/19/2019	\$36,265,000	Kansas Development Finance Authority, Kansas, Health Facilities Revenue Bonds, (Stormont Vail Health) Series 2019K	Sole	Private Placement	Tax-Exempt
8/15/2019	\$30,000,000	City of Olathe, Kansas, Health Facilities Revenue Bonds (Olathe Health) Series 2019A	Sole	Private Placement	Tax-Exempt
8/15/2019	\$35,000,000	Wisconsin Health and Educational Facilities Authority, Revenue Bonds (Bellin Memorial Hospital, Inc.) Series 2019A	Sole	Negotiated	Tax-Exempt

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
8/15/2019	\$8,000,000	Wisconsin Health and Educational Facilities Authority, Revenue Bonds (Bellin Memorial Hospital, Inc.) Series 2019B	Sole	Negotiated	Tax-Exempt
7/2/2019	\$20,000,000	Phelps County, Missouri, Hospital Revenue Bonds (Phelps County Regional Medical Center) Series 2019	Sole	Private Placement	Tax-Exempt
6/27/2019	\$40,509,000	<b>West Contra Costa Healthcare District, California, Parcel Tax Refunding Revenue Bonds (Taxable converting to Tax-exempt) Series 2019</b>	Sole	Private Placement	Taxable
6/26/2019	\$75,000,000	Kentucky Bond Development Corporation, Hospital Facilities Revenue Bonds (St. Elizabeth Medical Center, Inc. Project) Series 2019A	Sole	Private Placement	Tax-Exempt
5/31/2019	\$23,665,000	Wisconsin Health and Educational Facilities Authority, Revenue Refunding Bonds (Divine Savior Healthcare) Series 2019	Sole	Private Placement	Tax-Exempt
3/13/2019	\$22,915,000	Onondaga County Civic Development Corporation, New York, Hospital Revenue Refunding Bonds (Crouse Health Hospital Project) Series 2019A (Tax-Exempt)	Sole	Private Placement	Tax-Exempt
3/13/2019	\$725,000	Onondaga County Civic Development Corporation, New York, Hospital Revenue Refunding Bonds (Crouse Health Hospital Project) Series 2019B (Taxable)	Sole	Private Placement	Taxable
3/13/2019	\$5,485,000	Onondaga County Civic Development Corporation, New York, Hospital Revenue Refunding Bonds (Crouse Health Hospital Project) Series 2019C (Taxable)	Sole	Private Placement	Taxable
3/7/2019	\$28,000,000	<b>California Municipal Finance Authority, Refunding Revenue Bonds (United Health Centers of San Joaquin Valley) Series 2019</b>	Sole	Private Placement	Tax-Exempt
3/6/2019	\$8,865,000	<b>California Health Facilities Financing Authority, Tax-exempt Refunding and Improvement Revenue Bonds (Tarzana Treatment Centers, Inc.), Series 2019A</b>	Sole	Private Placement	Tax-Exempt
3/6/2019	\$4,635,000	<b>California Health Facilities Financing Authority, Taxable Refunding and Improvement Revenue Bonds (Tarzana Treatment Centers, Inc.), Series 2019B</b>	Sole	Private Placement	Taxable
2/12/2019	\$93,000,000	University of Kansas Hospital Authority (KUHA), Kansas, Health Facilities Revenue Bonds, Series 2019A	Senior	Negotiated	Tax-Exempt
1/23/2019	\$4,300,000	<b>North Kern-South Tulare Hospital District (Kern and Tulare Counties, California) Insured Refunding Revenue Bonds, Series 2019</b>	Senior	Negotiated	Tax-Exempt
1/10/2019	\$130,005,000	Illinois Finance Authority, Revenue Bonds (Memorial Health System) Series 2019	Senior	Negotiated	Tax-Exempt
1/9/2019	\$10,000,000	Ste. Genevieve County, Missouri, Hospital Improvement and Refunding Revenue Bonds (Ste. Genevieve County Memorial Hospital), Series 2019	Sole	Private Placement	Tax-Exempt
12/20/2018	\$21,346,000	Hot Springs County Memorial Hospital District, Wyoming, Hospital Improvement Revenue Bonds, Series 2018A	Sole	Private Placement	Tax-Exempt
12/20/2018	\$5,336,000	Hot Springs County Memorial Hospital District, Wyoming, Hospital Improvement Revenue Bonds, Series 2018B	Sole	Private Placement	Tax-Exempt

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
12/19/2018	\$35,925,000	Public Hospital District No. 2 Grays Harbor County, Washington, Limited Tax General Obligation and Refunding Bonds, 2018	Sole	Negotiated	Tax-Exempt
12/13/2018	\$19,750,000	Duluth Economic Development Authority, Health Care Revenue Bonds (St Luke's Hospital of Duluth Obligated Group) Tax-Exempt Series 2018A	Sole	Private Placement	Tax-Exempt
12/13/2018	\$7,500,000	Jewell County, Kansas, Hospital Revenue Bonds (Jewell County Hospital Project) Series 2018-A	Sole	Private Placement	Tax-Exempt
12/13/2018	\$19,750,000	Duluth Economic Development Authority, Health Care Revenue Bonds (St Luke's Hospital of Duluth Obligated Group) Tax-Exempt Series 2018B	Sole	Private Placement	Tax-Exempt
12/12/2018	\$18,400,000	City of White Bear Lake, Minnesota, Revenue Refunding Bonds (YMCA of the Greater Twin Cities Project) Series 2018	Sole	Negotiated	Tax-Exempt
12/12/2018	\$18,400,000	City of White Bear Lake, Minnesota, Revenue Refunding Bonds (YMCA of the Greater Twin Cities Project) Series 2018	Sole	Negotiated	Tax-Exempt
11/27/2018	\$101,745,000	Public Hospital District No. 1, of King County, Washington, (Valley Medical Center) Limited Tax General Obligation and Refunding Bonds, Series 2018	Sole	Negotiated	Tax-Exempt
11/1/2018	\$50,000,000	4.62% Senior Notes, Series 2018 due July 1, 2048 (HealthPartners Obligated Group), Minnesota	Sole	Private Placement	Taxable
10/24/2018	\$52,832,000	The Industrial Development Authority of the City of West Plains, Missouri, Ozarks Medical Center, Hospital Revenue Improvement and Refunding Bonds, Series 2018A	Sole	Private Placement	Tax-Exempt
10/24/2018	\$15,000,000	The Industrial Development Authority of the City of West Plains, Missouri, Ozarks Medical Center, Hospital Revenue Improvement and Refunding Bonds, Series 2018B	Sole	Private Placement	Tax-Exempt
10/24/2018	\$198,655,000	Wisconsin Health and Educational Facilities Authority, Revenue Bonds (Milwaukee Regional Medical Center Thermal Service, Inc.) Series 2018	Sole	Negotiated	Tax-Exempt
9/26/2018	\$25,000,000	Housing and Redevelopment Authority of the City of Saint Paul, Minnesota, Health Care Facility Revenue Bond, (Regions Hospital Project) Series 2018A	Sole	Private Placement	Tax-Exempt
9/26/2018	\$25,000,000	Housing and Redevelopment Authority of the City of Saint Paul, Minnesota, Health Care Facility Revenue Bond, (Regions Hospital Project) Series 2018B	Sole	Private Placement	Tax-Exempt
9/13/2018	\$72,620,000	St. Tammany Parish Hospital Service District No. 1, Louisiana, Hospital Revenue and Refunding Bonds (St. Tammany Parish Hospital Project) Series 2018A	Co-Snr	Negotiated	Tax-Exempt
9/13/2018	\$12,285,000	St. Tammany Parish Hospital Service District No. 1, Louisiana, Taxable Hospital Refunding Revenue Bonds (St. Tammany Parish Hospital Project) Series 2018B	Co-Snr	Negotiated	Taxable
8/28/2018	\$37,815,000	550 Acoma Inc., Certificates of Participation (Denver Health and Hospital Authority Project) Series 2018	Sole	Negotiated	Tax-Exempt

Sale Date	Par Amount	Description	Role	Sale Type	Tax Status
8/13/2018	\$1,175,000	Morris County Public Building Commission, Morris County, Kansas, Refunding Revenue Bonds (Morris County Hospital Project) Series 2018A	Sole	Negotiated	Tax-Exempt
8/13/2018	\$2,520,000	Morris County Public Building Commission, Morris County, Kansas, Taxable Revenue Bonds (Morris County Hospital Project) Series 2018B	Sole	Negotiated	Taxable
7/24/2018	\$4,575,000	Montana Facility Finance Authority, Montana, Healthcare Revenue Refunding Bonds (Montana State Hospital Project) Series 2018	Sole	Private Placement	Tax-Exempt
7/11/2018	\$2,913,789	Kittitas County Public Hospital District No. 1, Washington, Limited Tax General Obligation and Refunding Bond, Series 2018	Sole	Private Placement	Tax-Exempt
6/26/2018	\$15,000,000	City of Murray, Kentucky, Hospital Facilities Refunding Revenue Bonds (Murray Calloway Country Public Hospital), Series 2018	Sole	Private Placement	Taxable
6/15/2018	\$11,450,000	Public Hospital District No. 1A, Whitman County, Washington, Limited Tax General Obligation and Revenue Refunding Bond (Pullman Regional Hospital) Series 2018	Sole	Private Placement	Tax-Exempt
6/14/2018	\$23,000,000	<b>California Municipal Finance Authority, Capital Improvement Revenue Bonds (Golden Valley Health Center) Series 2018</b>	Sole	Private Placement	Tax-Exempt
6/11/2018	\$15,000,000	Skagit County Public Hospital District No. 2, Washington, Limited Tax General Obligation Bond (Island Hospital) Series 2018	Sole	Private Placement	Tax-Exempt
5/10/2018	\$41,760,000	City of Hills, Iowa, Health Facilities Revenue Bonds (Mercy Hospital Project) Series 2018	Sole	Private Placement	Tax-Exempt
5/9/2018	\$77,520,000	City of Lawrence, Kansas, Hospital Revenue Bonds (The Lawrence Memorial Hospital) Series 2018A	Sole	Negotiated	Tax-Exempt
5/2/2018	\$6,000,000	Kittitas County Public Hospital District No. 1 Working Group (d/b/a Kittitas Valley Healthcare), Washington, Hospital Revenue Bond, Series 2018	Sole	Private Placement	Tax-Exempt
4/17/2018	\$15,015,000	<b>West Contra Costa Healthcare District, California, Refunding Parcel Tax Certificates of Participation, Series 2018</b>	Sole	Private Placement	Tax-Exempt
4/11/2018	\$34,730,000	Public Hospital District No. 1, Mason County, Washington, Hospital Revenue Improvement Bonds (Mason General Hospital) Series 2018	Sole	Negotiated	Tax-Exempt
4/5/2018	\$28,000,000	County of Union, Ohio, General Obligation Bonds (Memorial Hospital) Series 2018	Sole	Negotiated	Tax-Exempt
3/13/2018	\$9,865,000	Public Hospital District No. 1, Pend Oreille County, Unlimited Tax General Obligation Bonds (Newport Hospital and Health Services) Series 2018	Sole	Negotiated	Tax-Exempt
2/14/2018	\$19,230,000	Wisconsin Health and Educational Facilities Authority, Variable Rate Revenue Bonds (Upland Hills Health, Inc.) Series 2018A	Sole	Private Placement	Tax-Exempt

## Appendix B: Piper Sandler USDA Experience (2015-2022)

Sale Date	Par Amount	Description	Role	Sale Type
12/6/2022	\$80,500,000	Prosser Public Hospital District, Benton County, Washington, Hospital Revenue Bond Anticipation Note, 2022	Sole	Private Placement
12/9/2021	\$1,000,000	Hawarden Regional Healthcare, Iowa, Application for USDA Emergency Rural Health Care Grant 2021	Other	N/A Consultant
1/5/2021	\$4,075,000	North Olympic Healthcare Network, Washington, USDA Direct Loan, Series 2021	Other	N/A Consultant
1/5/2021	\$1,500,000	North Olympic Healthcare Network, Washington, USDA Guaranteed Taxable Facilities Direct Loan, Series 2021	Sole	Private Placement
1/17/2020	\$31,055,000	Wisconsin Health and Educational Facilities Authority, United States Department of Agriculture - Rural Development Office Direct Loan (Tomah Memorial Hospital) 2020	Other	Private Placement
2/12/2019	\$9,750,000	Merrill Pioneer Community Hospital Association, Iowa, USDA Permanent Financing, Series 2019A	Fin Adv	Private Placement
2/12/2019	\$8,000,000	Merrill Pioneer Community Hospital Association, Iowa, USDA Permanent Financing, Series 2019B	Fin Adv	Private Placement
10/24/2018	\$52,832,000	The Industrial Development Authority of the City of West Plains, Missouri, Ozarks Medical Center, Hospital Revenue Improvement and Refunding Bonds, Series 2018A	Sole	Private Placement
10/24/2018	\$15,000,000	The Industrial Development Authority of the City of West Plains, Missouri, Ozarks Medical Center, Hospital Revenue Improvement and Refunding Bonds, Series 2018B	Sole	Private Placement
10/26/2017	\$35,000,000	Wisconsin Health and Educational Facilities Authority, Revenue and Bond Anticipation Notes (Tomah Memorial Hospital, Inc.) Series 2017A	Sole	Negotiated
8/9/2017	\$17,750,000	Merrill Pioneer Community Hospital Association, Iowa, Bridge Loan Financing, Series 2017	Fin Adv	Private Placement
7/26/2017	\$3,900,000	Jefferson County Public Hospital District No. 2, Washington, USDA Rural Development Community Facilities Direct Loan, Limited Tax General Obligation Bond (Jefferson Healthcare Project) Series 2017C (Taxable)	Fin Adv	Private Placement
7/26/2017	\$1,945,000	Jefferson County Public Hospital District No. 2, Washington, USDA Rural Development Community Facilities Direct Loan, Hospital Revenue Bond (Jefferson Healthcare Project) Series 2017D (Taxable)	Fin Adv	Private Placement

Sale Date	Par Amount	Description	Role	Sale Type
7/26/2017	\$6,000,000	Jefferson County Public Hospital District No. 2, Washington, USDA Rural Development Community Facilities Direct Loan, Hospital Revenue Bond (Jefferson Healthcare Project) Series 2017E (Taxable)	Fin Adv	Private Placement
7/26/2017	\$5,700,000	Jefferson County Public Hospital District No. 2, Washington, USDA Rural Development Community Facilities Direct Loan, Hospital Revenue Bond (Jefferson Healthcare Project) Series 2017F (Taxable)	Fin Adv	Private Placement
12/28/2016	\$8,833,254	City of Hawarden, Iowa, Hospital Revenue Bonds USDA, Series 2016	Fin Adv	Negotiated
12/1/2016	\$12,000,000	Springfield Med Care Systems, Vermont, Taxable Revenue Bonds, Series 2016 (USDA Business and Industry Loan Guaranteed Program)	Sole	Private Placement
12/3/2015	\$6,153,254	City of Hawarden, Iowa, Hospital Revenue Loan Anticipation Notes, (Hawarden Regional Healthcare) Series 2015	Fin Adv	Private Placement
12/1/2015	\$25,350,000	Iowa Finance Authority, Hospital Revenue Bond Anticipation Notes (Shenandoah Medical Center Project) Series 2015	Senior	Negotiated

## Appendix C: Financing Team Resumes

### Todd Van Deventer, Managing Director

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Todd Van Deventer is managing director and a senior member of Piper Sandler's healthcare team, having served the firm's healthcare, senior living, federally qualified health center and other non-profit clients since 1998. In addition, Todd has extensive experience working on California healthcare financings. Todd has completed over 50 California healthcare financings in his career. Van Deventer has structured and executed the full spectrum of debt issuance options available to governmental and non-profit borrowers including fixed-rate bonds, private placements, variable-rate

debt, USDA backed issues, derivatives and term loans.

Van Deventer graduated "With Distinction" from the University of Iowa and received bachelor's degrees in economics and political science.

### Keith Kleven, Managing Director

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Keith Kleven has spent his entire career in public finance and joined Piper Sandler in 2006. Keith is a managing director and co-head of the healthcare public finance group. Over the last 16 years, Keith has been involved with more than 130 transactions for healthcare and governmental clients.

Keith has completed transactions representing the full complement of financing structures including traditional, fixed-rate public offerings, direct bank placements, private placements and tax-backed healthcare transactions. Keith focuses his practice on the west coast, primarily partnering with clients in California and the Pacific Northwest. He specializes in tax-backed debt for governmental and district hospital clients as well as traditional not-for-profit acute-care hospital and health system clients. Keith holds a bachelor's degree in business with a concentration in finance from the Carlson School of Management at the University of Minnesota.

### Mark Adler, Managing Director

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Mark Adler is a Managing Director and the Manager of Piper Sandler's California Public Finance Group. The California Group consistently ranks among the top firms in the number of senior managed California financings. A veteran of the industry since 1982, Mark has a broad range of experience in local finance, including education, city, redevelopment agency, water district and county finance. On two separate occasions, Institutional Investor featured "Deals of the Year" in which Mark acted as lead banker. This includes the innovative Walt Disney Co. financing for its second theme park in

Anaheim, California.

Mark came to Piper Sandler with 12 colleagues from UBS Securities LLC, where he served as the manager of the Western region municipal investment banking group. He was formerly with UBS and its predecessor, PaineWebber Inc. for 18 years. During that period, UBS and PaineWebber were consistently among the leading firms in underwriting California municipal issues.

Mark served on the board of the California Public Securities Association for 23 years where he was chairman in 2004. He is a frequent speaker at industry forums.

Mark holds a Master of Business Administration degree in finance and public management from the Wharton School of the University of Pennsylvania graduate division and graduated summa cum laude from the Wharton School undergraduate division.

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**Frank Kaul, Vice President**

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Frank Kaul joined Piper Sandler & Co. in May 2016. His experience includes quantitative analysis, cash flow modeling, financial analysis, and debt structure analysis within the healthcare sector.

Frank has a bachelor's degree in economics and applied mathematics from Macalester College in St. Paul, Minnesota.

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**Alisa Gingerich, Assistant Vice President**

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Alisa Gingerich joined the Piper Sandler public finance healthcare team in 2006. Alisa focuses on support banking, project management and execution of financings from engagement to closing for stand-alone hospitals, healthcare systems, district hospitals, academic medical centers and critical access hospitals. During her tenure at Piper Sandler, she has served as a resource for healthcare clients in across the country to help execute their financings.

Alisa earned a bachelor's degree from Drake University in Des Moines, Iowa. She holds Series 52 and 63 licenses.

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**Chris Bessette, Managing Director, California Municipal Underwriting and Trading**

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Chris Bessette is a Managing Director within Fixed Income Services and serves on the municipal underwriting desk in San Francisco. In his current role, Chris is responsible for underwriting new issues in the state of California and has been responsible for all of Piper Sandler's Cal-Mortgage pricings over the last 20 years.

Chris joined Piper Sandler in 1993 and has held his current position since 2003. He began his career at the Bank of California in 1988 as a Municipal Trader.

Chris graduated from Bryant University with a bachelor's degree in Marketing. He holds Series 7, Series 50, Series 53, and Series 63 licenses.

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**Joanna Brody, Managing Director, Head of Short-Term Municipal Underwriting**

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Joanna Brody is a Managing Director within Fixed Income Services and is the Head of Short-Term Municipal Underwriting in New York City. In her current role, Brody leads the underwriting and pricing of short-term municipal products while also overseeing the variable-rate program. Brody joined Piper Sandler in 2009 and has held her current position since then. Prior to joining Piper Sandler, she spent 16 years at UBS and its predecessor firm, PaineWebber.

Brody graduated from University of Vermont with a bachelor's degree in art history. She later received her Master of Business Administration from Fordham University. Brody holds Series 7, Series 53, and Series 63 licenses.

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**Matt Morrell, Managing Director, Head of Direct Placement Group**

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Matt Morrell joined Piper Sandler in 2008. He has over 18 years of industry experience dedicated to direct placements and loan syndications. Sectors include general governmental (general obligation bonds, COPs, essential service revenue bonds, special tax districts, TIF districts, government agencies), healthcare, higher education, commercial real estate, credit tenant lease, GSA, government loan programs, and tax credit financing. Since joining Piper Sandler, Morrell has assisted in placing over 1,100 issues with a par amount in excess of \$14.53 billion. Morrell previously worked for

Marshall Investments Corporation in loan syndications and has a bachelor's degree from the University of Minnesota.

## Required MSRB Disclosure

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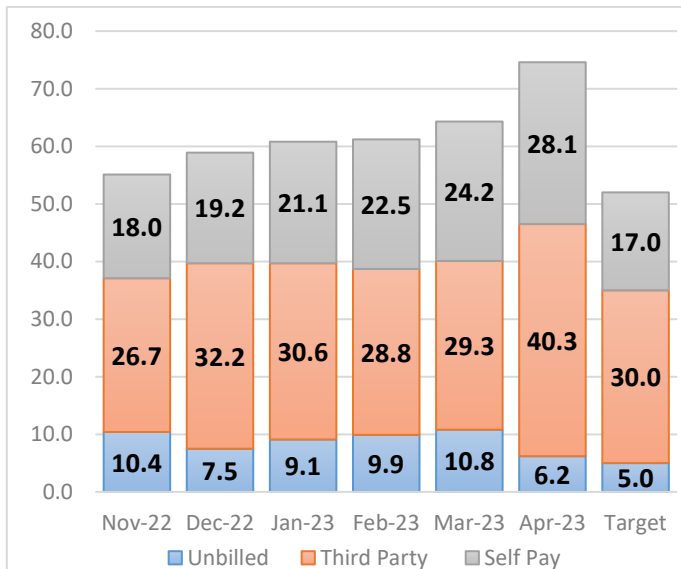
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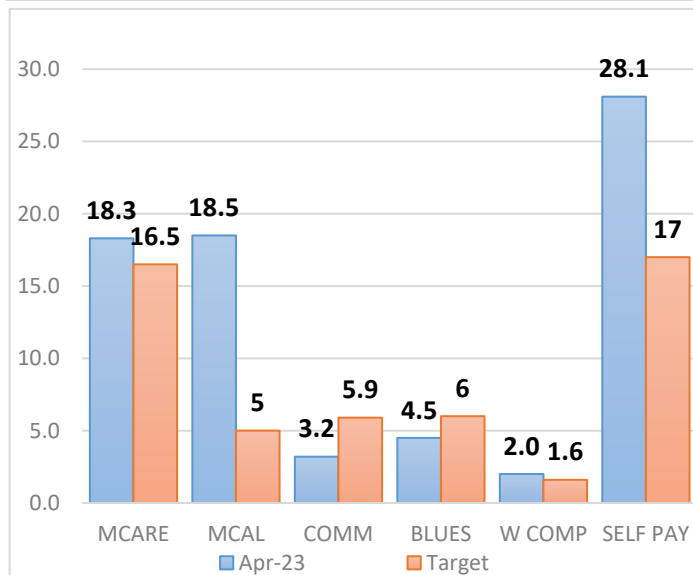
## I. AR Days

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Target	Distance From Goal
Unbilled	10.4	7.5	9.1	9.9	10.8	6.2	5.0	1.2
Third Party	26.7	32.2	30.6	28.8	29.3	40.3	30.0	10.3
Self Pay	18.0	19.2	21.1	22.5	24.2	28.1	17.0	11.1
Total AR Days	55.1	58.9	60.8	61.2	64.3	74.6	52.0	22.6



### Summary

1. As of April 2023, the total AR days are 22.6 days above the target 52 days in AR.
2. Unbilled (DNFB & In House) is 1.2 days or \$73K above the target 5 days in AR.
3. Third-party AR days increased by 11 or \$666K, closing at 40.3 days. This is 10.3 of a day or \$623K above goal.
4. Self-Pay was above target of 17 by 11.1 days or \$672K. Self-Pay revenue decreased by \$37K, closing at \$71K.



### Summary

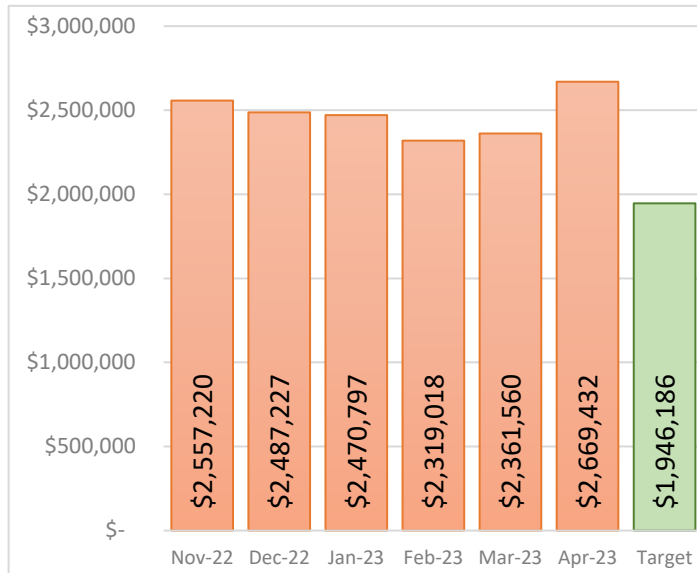
The overall AR days goal of 52 was not met in April. Financial class details are as follows:

1. Medicare is 1.8 days or \$109K above goal.
2. Medi-Cal needs to be reduced by 13.5 days or \$817K. As of 05/04/2023 there are 23 high dollar accounts for \$745K, for nearly 67% of the Medi-Cal AR. Of the \$745K, 10 for \$168K are ER accounts in process with the payers. 2 LTC accounts for \$87K are in process with PHP, 2 LTC accounts for \$44K are pending TARs, 1 LTC account for \$39K is in process with Medi-Cal, 7 LTC accounts for \$379K are being billed to CHW as LTC billing in California just changed, and 1 LTC account for \$28K was appealed with PHP.
3. Commercial is 2.7 days under target or \$163K below goal.
4. Blues is \$91K or 1.5 days under the target of 6 days.

**\*Detail around these metrics are broken down in the following pages**

## II. Third Party Aged 0-90 Days

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Target	Distance From Goal
Aging < 90 Days %	94.8%	91.1%	91.1%	90.9%	91.9%	93.2%	87.0%	6.2%
Dollars Aged < 90 Days	\$ 2,557,220	\$ 2,487,227	\$ 2,470,797	\$ 2,319,018	\$ 2,361,560	\$ 2,669,432	\$ 1,946,186	\$ 723,246



### Summary

When calculating where the metrics should be to hit our target 52 days in AR and 17.4% aged over 90 days, I found the following:

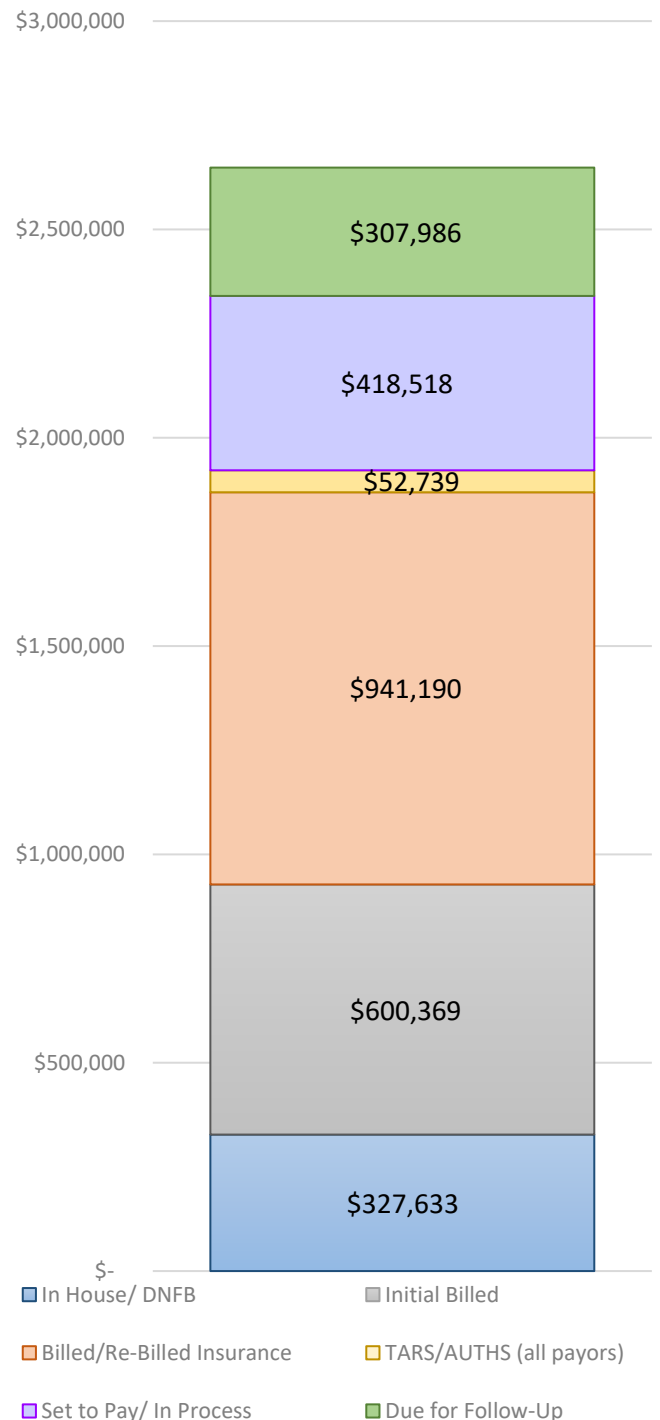
Based on the 13-month average daily revenue of \$66K, the total third party AR days under 90 should be at or below \$1.9M.

The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 93.2%, or above goal by 6.2%. The dollars aged under 90 days are \$723K from the target.

In-House decreased by \$243K and DNFB decreased \$74K, leaving overall unbilled down \$318K from March, closing April at \$375K for 6.2 days in AR.

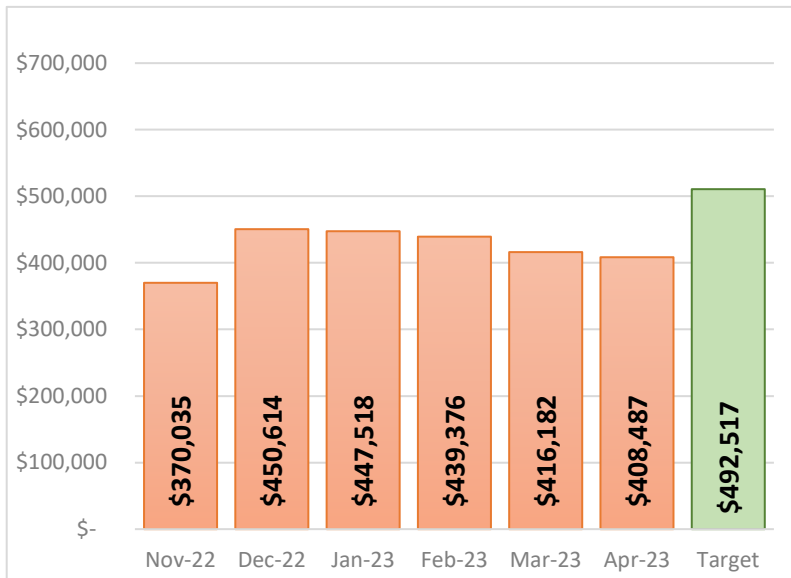
Inpatient admits decreased by 3, concluding April at 3. All other service lines experienced a decrease besides ER and LTC. Total services were down 224 from March, closing at 1,073.

### Aged Under 90 Days Status



### III. Third Party Aged 90+ Days

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Target	Distance From Goal
Aging > 90 Days %	12.6%	15.2%	15.3%	15.9%	14.9%	13.4%	17.6%	-4.2%
Dollars Aged > 90 Days	\$ 370,035	\$ 450,614	\$ 447,518	\$ 439,376	\$ 416,182	\$ 408,487	\$ 510,716	\$ (102,229)

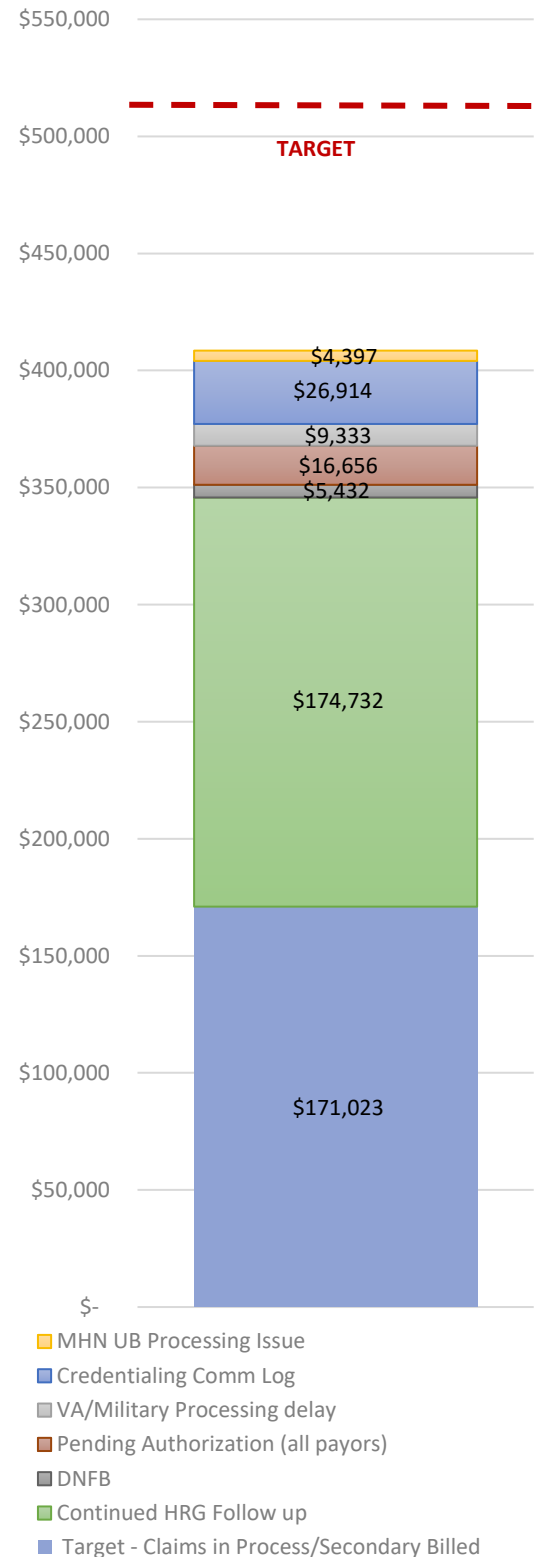


#### Summary

April's third party, aged over 90 days, decreased by \$8K; and the percentage decreased by 1.5%, ending at 13.4%. Third party aged over 90 days is \$102K below the \$511K that would achieve the target of 17.6%. The graph to the right illustrates the obstacles contributing to the aging.

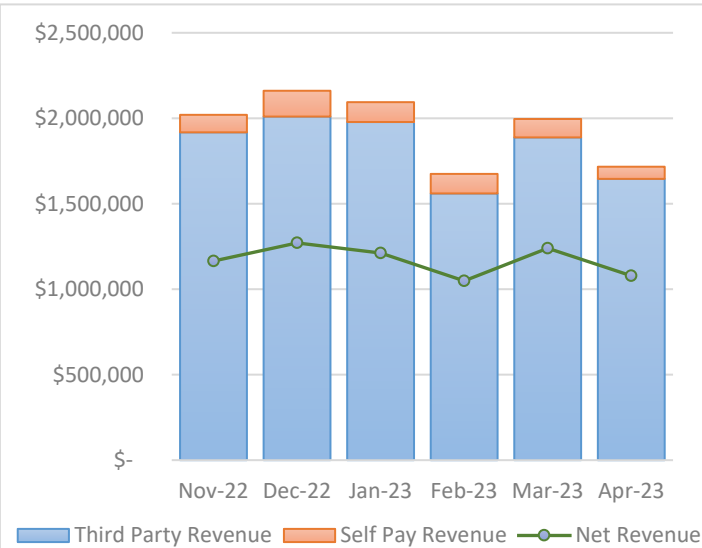
1. Medicare aged over 90 days decreased by \$1K, closing at 4% or \$45K.
2. Medi-Cal aged over 90 days increased by \$8K and decreased by 0.5%, closing at 16.1% or \$189K. There are 2 accounts greater than \$10K, totaling \$43K or 23% of the total Medi-Cal aging. 1 account is pending patient update with CHW and 1 account was appealed with PHP.
3. Commercial aged over 90 days decreased by \$8K, closing at 27.3% or \$69K, of which \$9K is VA. There are 2 VA accounts in appealed status, 4 pending authorization, and 6 are in process. The VA continues to run several months behind in processing claims. The remaining \$60K has 19 claims in process, 11 pending a status update from the payer, and 3 pending authorization.
4. Blues aged over 90 decreased by \$10K, ending at 20.9% or \$76K. There are 21 accounts over \$1K. Of which 7 are being appealed, 2 are pending client review, 7 are pending status update from the payer, and 5 are in process.

#### Aging Obstacles Breakdown



## IV. Revenue

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
Third Party Revenue	\$ 1,917,628	\$ 2,010,004	\$ 1,977,931	\$ 1,560,218	\$ 1,887,995	\$ 1,645,363	\$ 1,889,764
Self Pay Revenue	\$ 102,405	\$ 150,900	\$ 116,149	\$ 114,251	\$ 107,761	\$ 71,096	\$ 128,375
Total Revenue	\$ 2,020,034	\$ 2,160,904	\$ 2,094,079	\$ 1,674,470	\$ 1,995,757	\$ 1,716,459	\$ 2,018,139
Average Daily Revenue	\$ 72,609	\$ 69,015	\$ 68,207	\$ 65,883	\$ 64,048	\$ 60,525	\$ 66,163
Net Revenue	\$ 1,165,103	\$ 1,270,728	\$ 1,211,297	\$ 1,048,849	\$ 1,240,363	\$ 1,078,064	\$ 1,169,067



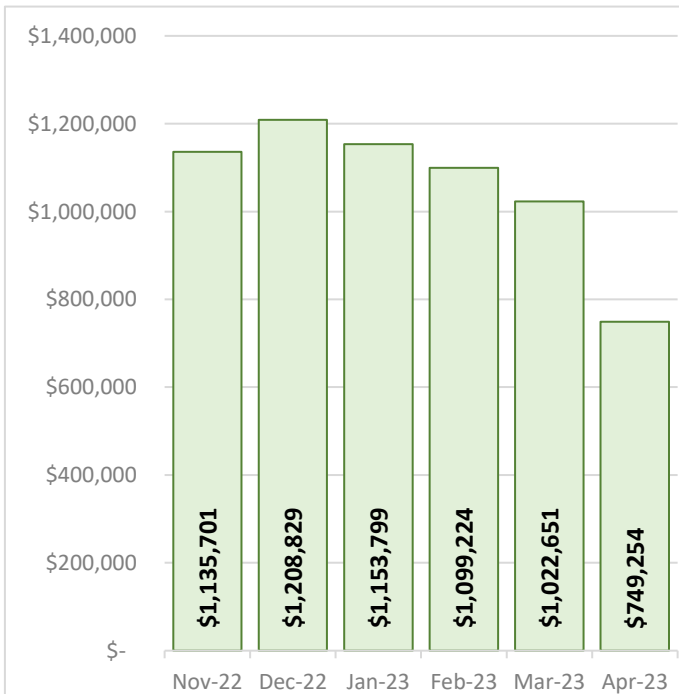
### Summary

April's overall total revenue decreased by \$279K compared to March's, closing at \$1.7M. This is \$55K, less than April 2022 and \$302K, less than the 13-month average. The average daily revenue decreased by \$4K, ending at \$60K.

The Medicare financial class decreased by \$103K, concluding at \$1.1M; Medi-Cal decreased by \$12K, ending at \$76K; Commercial decreased by \$55K, closing at \$151K; Blues was down \$65K, finishing at \$204K; Work Comp was down by \$8K, closing at \$46K, and Self-Pay decreased by \$37K, concluding at \$71K.

## V. Cash Collections

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
Cash Collections	\$ 1,135,701	\$ 1,208,829	\$ 1,153,799	\$ 1,099,224	\$ 1,022,651	\$ 749,254	\$ 1,148,544
Collection %	57%	63%	62%	68%	59%	63%	64%
% of Net Revenue	84%	104%	91%	91%	98%	60%	88%



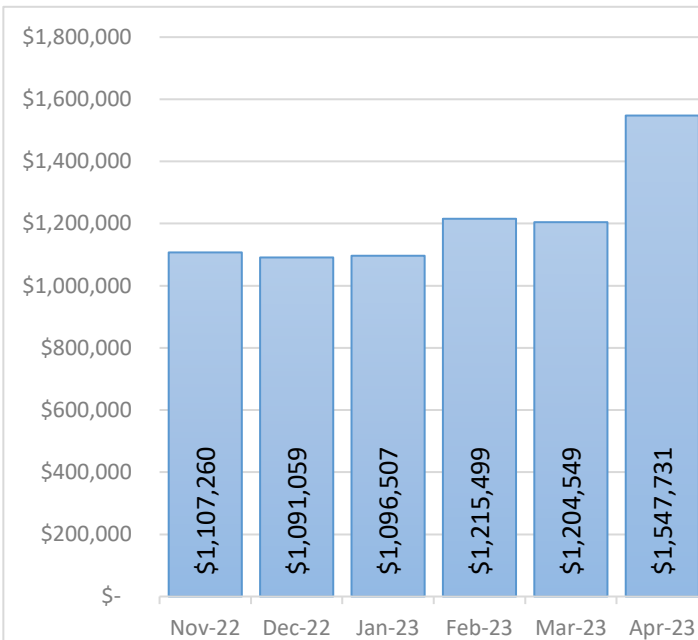
### Summary

Cash collections for April were \$749K. Cash collections for May are projected to reach \$1M.

Medicare decreased by \$173K, closing at \$243K; Medi-Cal increased \$18K, concluding at \$170K; Commercial increased by \$32K, ending at \$122K; Blues decreased by \$125K, closing at \$126K; Work Comp increased \$1K, ending at \$35K, and Self-Pay decreased \$27K, concluding at \$50K.

## VI. Self Pay

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Self Pay	\$ 1,107,260	\$ 1,091,059	\$ 1,096,507	\$ 1,215,499	\$ 1,204,549	\$ 1,547,731

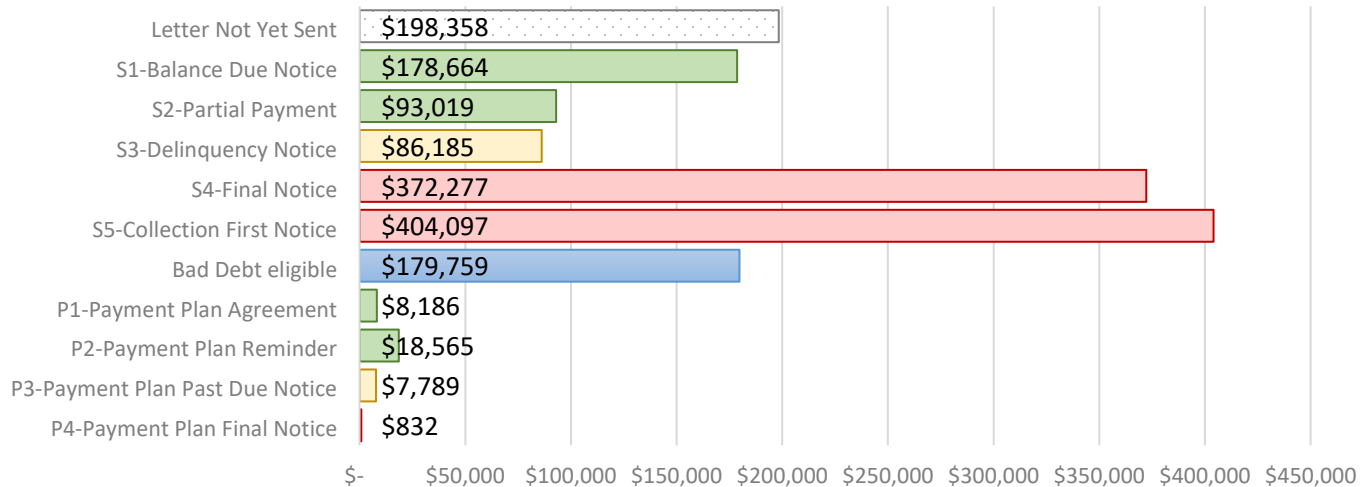


### Summary

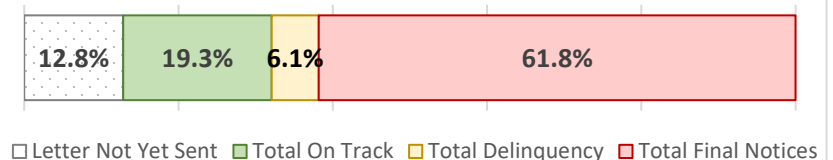
Self-Pay AR increased in April, closing at 28.1 days, or above target by 11.1 days.

1. To be eligible for bad debt, a second final notice is sent (S5). There is \$113K eligible for bad debt, outside of the collection first notice of \$404K (S5).
2. The Self-Pay inventory has \$35K set up on a payment plan by HRG.
3. There was \$113K eligible for bad debt in April; however, there was no bad debt sent due to EHR conversion. Bad Debt will continue after the conversion is complete.

### Current Statement Status



Letter Not Yet Sent	\$	198,358
Total Final Notices	\$	956,965
Total Delinquency	\$	93,974
Total On Track	\$	298,434
Total	\$	1,547,731



# Seneca Healthcare District

## MONTH END FINANCE REPORT



# April 2023

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# FINANCE DASHBOARD

Revenue Cycle Performance	Revenue Cycle Performance															
	Target		November-22		December-22		January-23		February-23		March-23		April-23			
	REVENUE															
	Net Revenue		\$1,165,103		\$1,270,728		\$1,211,297		\$1,048,849		\$1,240,363		\$1,078,064			
	Gross Revenue		\$2,020,034		\$2,160,904		\$2,094,079		\$1,674,470		\$1,995,757		\$1,716,459			
	CASH															
	Cash Collections as a % of Net Revenue		100%		84%		104%		91%		91%		98%		60%	
	Cash Collections		\$1,135,701		\$1,208,829		\$1,153,799		\$1,099,224		\$1,022,651		\$749,254			
	ACCOUNTS RECEIVABLE															
	Net AR		\$2,399,056		\$2,528,946		\$2,549,420		\$2,796,117		\$2,862,731		\$3,237,528			
Gross AR		\$4,001,018		\$4,065,230		\$4,147,841		\$4,031,109		\$4,119,219		\$4,517,216				
Unbilled		5		10.4		7.5		9.1		9.9		10.8		6.2		
Third Party		30		26.7		32.2		30.6		28.8		29.3		40.3		
Self Pay		17		18.0		19.2		21.1		22.5		24.2		28.1		
Total Days in AR		52		55.1		58.9		60.8		61.2		64.3		74.6		
Days in AR - Credit Balances		< 1		5.39		5.48		5.43		5.54		5.93		6.43		
UNBILLED																
In-house		< 2 Days		1.4		0.5		0.6		3.5		7.0		3.3		
DNFB		< 3 Day		5.7		3.2		4.3		6.4		3.9		2.9		
Total Unbilled		< 5 Days		10.4		7.5		9.1		9.9		10.8		6.2		

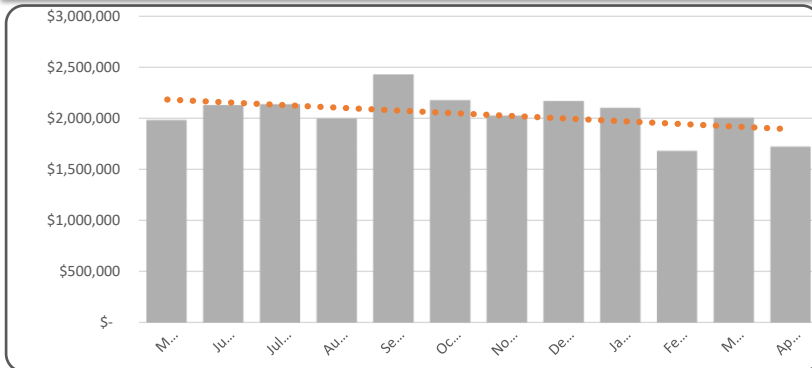
Third Party	Third Party																											
	Target		November-22		December-22		January-23		February-23		March-23		April-23															
	AGING (excluding credits)																											
	Medicare Aging > 90 Days		12.8%		4.7%		\$ 52,531		6.0%		\$ 60,781		4.6%		\$ 50,192		6.8%		\$ 63,144		4.9%		\$ 45,798		4.0%		\$ 44,892	
	Medi-Cal Aging > 90 Days		17.9%		14.6%		\$ 157,783		18.0%		\$ 211,107		17.1%		\$ 194,274		16.5%		\$ 168,874		16.6%		\$ 180,973		16.1%		\$ 189,283	
	Commercial Aging > 90 Days		21.8%		26.5%		\$ 69,695		26.4%		\$ 65,779		45.2%		\$ 92,900		26.8%		\$ 69,392		34.0%		\$ 77,269		27.3%		\$ 68,963	
	Blues Aging > 90 Days		17.9%		19.2%		\$ 78,128		20.8%		\$ 93,196		23.0%		\$ 90,404		24.5%		\$ 107,809		21.3%		\$ 86,896		20.9%		\$ 76,489	
	Work Comp Aging > 90 Days		57.5%		18.0%		\$ 11,898		21.1%		\$ 19,750		21.4%		\$ 19,749		26.7%		\$ 30,156		20.0%		\$ 25,246		22.8%		\$ 28,861	
	Total Third Party Aging > 90 Days		17.6%		12.6%		\$ 370,035		15.2%		\$ 450,614		15.3%		\$ 447,518		15.9%		\$ 439,376		14.9%		\$ 416,182		13.4%		\$ 408,487	
	CLAIM SUBMISSION EFFICIENCY																											
Claims Submission		1,967		\$ 2,307,661		1,710		\$ 2,737,447		1,702		\$ 2,216,486		1,581		\$ 2,010,603		1,683		\$ 2,357,455		1,387		\$ 1,924,598				
Clean Claims		85%		96%		95%		87%		91%		89%		97%														
Denial Percent		5%		5%		6%		8%		8%		7%		6%														
Total Denial Rate		Count   Amt		231   \$ 170,230		189   \$ 139,542		189   \$ 208,240		192   \$ 172,499		226   \$ 142,124		205   \$ 134,948														
Communication Log Backlog		165		\$ 199,187		161		\$ 115,950		263		\$ 110,821		284		\$ 119,489		130		\$ 67,256		192		\$ 116,982				

Self Pay	Self Pay																											
	Target		November-22		December-22		January-23		February-23		March-23		April-23															
	INVENTORY & QUALITY																											
	Total Inventory		3,225		\$ 1,307,592		3,273		\$ 1,323,482		3,319		\$ 1,436,719		3,356		\$ 1,482,410		3,335		\$ 1,551,682		3,487		\$ 1,702,135			
	New		282		\$ 94,250		267		\$ 97,283		303		\$ 143,041		309		\$ 119,219		246		\$ 221,135		293		\$ 211,594			
	Resolved		398		\$ 110,745		289		\$ 61,788		347		\$ 68,308		264		\$ 37,820		300		\$ 40,404		180		\$ 9,872			
	Aged >120 days from Assignment		< 25%		55.1%		\$ 720,091		54.2%		\$ 717,770		58.0%		\$ 833,631		56.7%		\$ 841,046		55.6%		\$ 863,301		53.9%		\$ 917,229	
	Total Payment Plans over 120 days		\$3,892		\$8,051		\$12,400		\$30,113		\$30,331		\$32,412															
	Average Speed to Answer		< 60 seconds		76		53		0		0		0															
	STATEMENTS & LETTERS																											
Statements & Letters		1,750		1,643		1,505		1,296		931		756																
Inbound and Outbound Calls		In   Out		151   229		147   221		127   136		123   63		173   289		109   128														
WRITE OFFS																												
Bad Debt as a % of Gross Revenue		< 2%		1.4%		\$ 27,620		0.8%		\$ 17,593		0.0%		\$ -		0.2%		\$ 2,670		0.0%		\$ -		0.0%		\$ -		
Charity as a % of Gross Revenue		< 2%		0.9%		\$ 18,363		0.3%		\$ 7,213		1.1%		\$ 22,548		0.2%		\$ 2,556		0.2%		\$ 4,505		0.0%		\$ -		

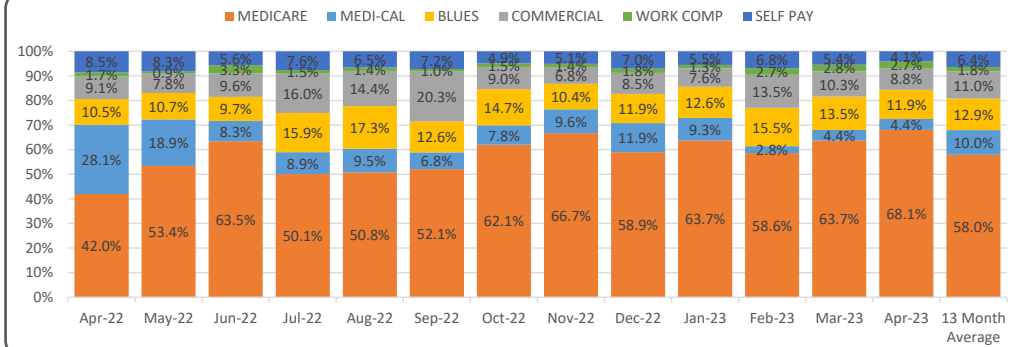
# GROSS REVENUE

PAYER	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
MEDICARE	\$ 744,336	\$ 1,055,154	\$ 1,346,116	\$ 1,066,271	\$ 1,011,502	\$ 1,259,683	\$ 1,345,965	\$ 1,348,173	\$ 1,273,731	\$ 1,333,156	\$ 981,936	\$ 1,271,259	\$ 1,168,255	\$ 1,169,657
MEDI-CAL	\$ 498,584	\$ 373,076	\$ 175,404	\$ 189,511	\$ 189,597	\$ 164,820	\$ 170,099	\$ 194,794	\$ 256,814	\$ 194,431	\$ 47,018	\$ 87,690	\$ 76,016	\$ 201,373
COMMERCIAL	\$ 161,201	\$ 154,140	\$ 204,377	\$ 340,087	\$ 286,149	\$ 491,032	\$ 194,712	\$ 136,696	\$ 183,749	\$ 158,229	\$ 226,138	\$ 205,303	\$ 150,536	\$ 222,488
BLUES	\$ 185,774	\$ 212,226	\$ 206,466	\$ 338,470	\$ 345,215	\$ 305,018	\$ 318,814	\$ 210,519	\$ 256,957	\$ 263,961	\$ 260,268	\$ 268,845	\$ 204,126	\$ 259,743
WORK COMP	\$ 30,457	\$ 17,240	\$ 69,772	\$ 32,094	\$ 27,736	\$ 24,220	\$ 32,479	\$ 27,447	\$ 38,753	\$ 28,154	\$ 44,857	\$ 54,898	\$ 46,431	\$ 36,503
SELF PAY	\$ 151,424	\$ 163,226	\$ 118,830	\$ 162,101	\$ 130,222	\$ 174,109	\$ 106,402	\$ 102,405	\$ 150,900	\$ 116,149	\$ 114,251	\$ 107,761	\$ 71,096	\$ 128,375
<b>TOTAL</b>	<b>\$ 1,771,775</b>	<b>\$ 1,975,062</b>	<b>\$ 2,120,965</b>	<b>\$ 2,128,533</b>	<b>\$ 1,990,421</b>	<b>\$ 2,418,882</b>	<b>\$ 2,168,472</b>	<b>\$ 2,020,034</b>	<b>\$ 2,160,904</b>	<b>\$ 2,094,079</b>	<b>\$ 1,674,470</b>	<b>\$ 1,995,757</b>	<b>\$ 1,716,459</b>	<b>\$ 2,018,139</b>
<b>AVERAGE DAILY REVENUE</b>	<b>\$ 57,946</b>	<b>\$ 59,358</b>	<b>\$ 64,481</b>	<b>\$ 67,658</b>	<b>\$ 67,825</b>	<b>\$ 71,063</b>	<b>\$ 71,498</b>	<b>\$ 72,609</b>	<b>\$ 69,015</b>	<b>\$ 68,207</b>	<b>\$ 65,883</b>	<b>\$ 64,048</b>	<b>\$ 60,525</b>	<b>\$ 66,163</b>

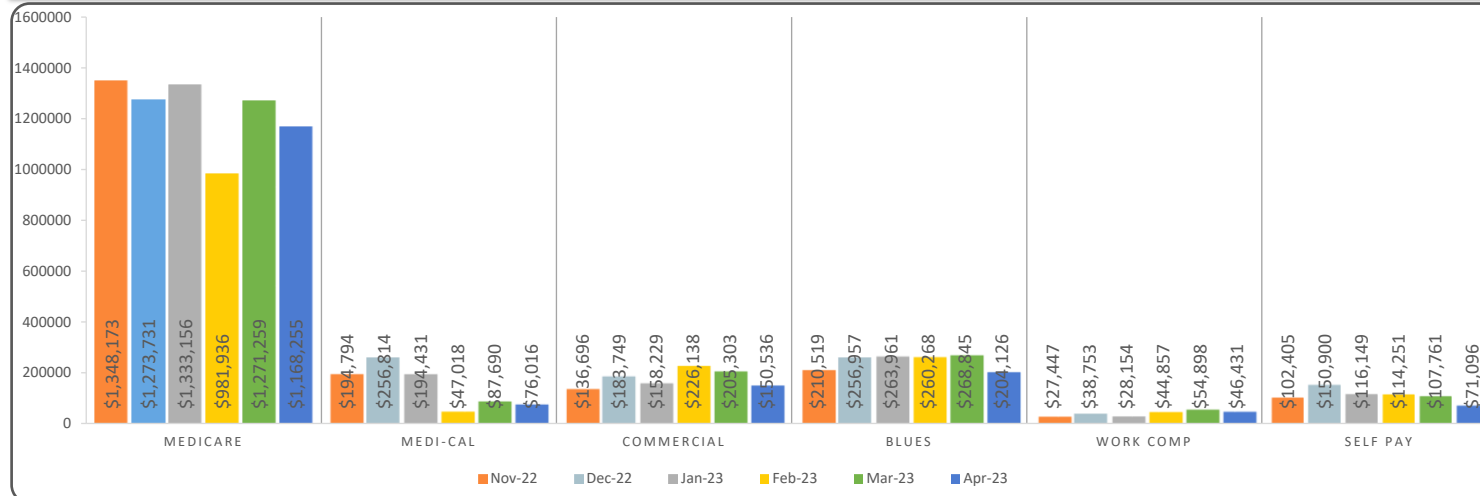
## Gross Revenue



## Payer Mix



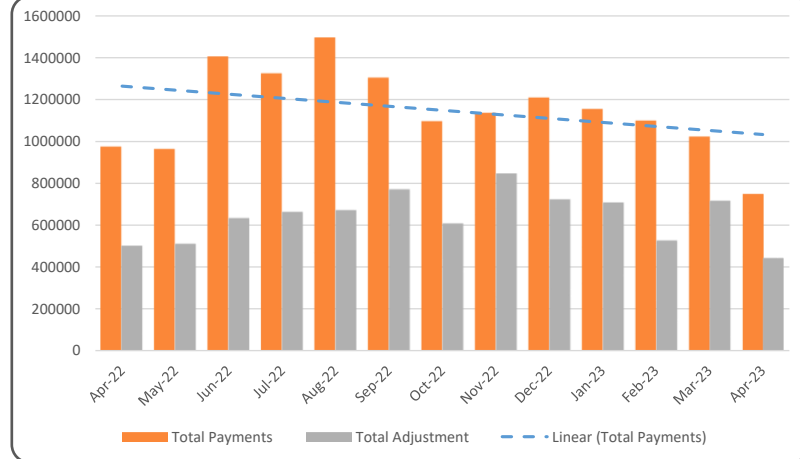
## Revenue Trending By Payer



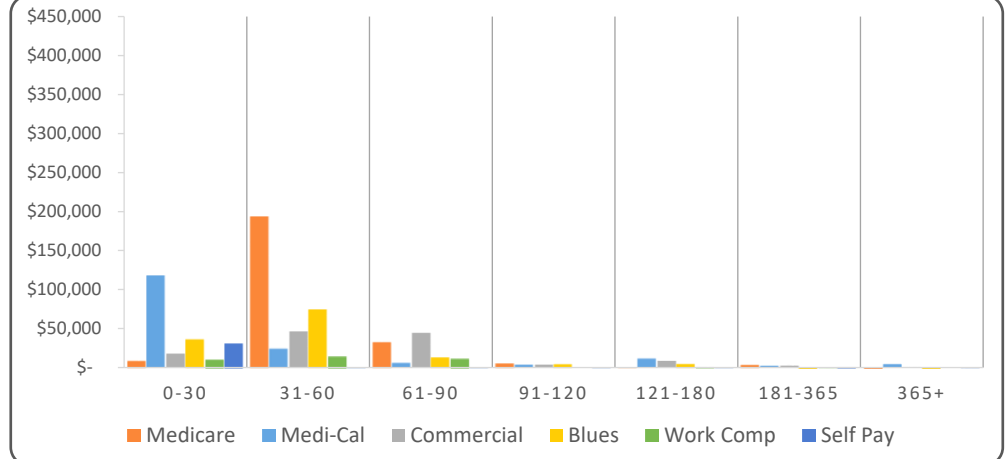
# CASH DETAIL

PAYER	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
<b>MEDICARE</b>														
Payments	\$ 367,579	\$ 289,278	\$ 661,997	\$ 400,060	\$ 712,982	\$ 514,673	\$ 398,232	\$ 500,799	\$ 526,745	\$ 431,347	\$ 409,804	\$ 416,308	\$ 243,325	\$ 451,779
Adjustments	\$ 177,397	\$ 207,209	\$ 271,424	\$ 210,205	\$ 264,500	\$ 361,785	\$ 267,927	\$ 311,422	\$ 403,609	\$ 289,504	\$ 231,715	\$ 281,109	\$ 147,005	\$ 263,447
Collection %	67%	58%	71%	66%	73%	59%	60%	62%	57%	60%	64%	60%	62%	63%
<b>MEDI-CAL</b>														
Payments	\$ 158,381	\$ 271,733	\$ 273,407	\$ 492,462	\$ 214,068	\$ 260,889	\$ 227,919	\$ 64,174	\$ 250,232	\$ 322,400	\$ 339,160	\$ 152,749	\$ 170,368	\$ 245,996
Adjustments	\$ 177,636	\$ 156,792	\$ 172,665	\$ 282,232	\$ 175,983	\$ 209,302	\$ 208,171	\$ 203,789	\$ 176,423	\$ 254,068	\$ 191,788	\$ 285,490	\$ 173,150	\$ 205,191
Collection %	47%	63%	61%	64%	55%	55%	52%	24%	59%	56%	64%	35%	50%	53%
<b>COMMERCIAL</b>														
Payments	\$ 87,154	\$ 80,764	\$ 105,564	\$ 112,428	\$ 180,875	\$ 149,272	\$ 100,969	\$ 176,084	\$ 137,455	\$ 99,637	\$ 77,884	\$ 89,765	\$ 121,955	\$ 116,908
Adjustments	\$ 61,483	\$ 22,218	\$ 40,324	\$ 44,345	\$ 75,596	\$ 47,853	\$ 29,604	\$ 177,496	\$ 55,480	\$ 55,824	\$ 27,329	\$ 36,355	\$ 74,769	\$ 57,067
Collection %	59%	78%	72%	72%	71%	76%	77%	50%	72%	64%	74%	56%	77%	69%
<b>BLUES</b>														
Payments	\$ 210,041	\$ 195,259	\$ 249,384	\$ 215,412	\$ 245,675	\$ 254,401	\$ 235,271	\$ 253,871	\$ 179,289	\$ 184,883	\$ 165,419	\$ 251,753	\$ 126,373	\$ 212,849
Adjustments	\$ 75,376	\$ 53,139	\$ 68,129	\$ 54,269	\$ 102,535	\$ 87,271	\$ 83,522	\$ 101,731	\$ 59,822	\$ 73,844	\$ 63,812	\$ 63,068	\$ 74,769	\$ 73,945
Collection %	74%	79%	79%	80%	71%	74%	74%	71%	75%	71%	72%	80%	63%	74%
<b>WORK COMP</b>														
Payments	\$ 39,988	\$ 31,920	\$ 12,309	\$ 24,182	\$ 42,760	\$ 33,937	\$ 18,155	\$ 23,021	\$ 10,395	\$ 11,630	\$ 13,592	\$ 33,777	\$ 35,235	\$ 25,454
Adjustments	\$ 8,110	\$ 10,624	\$ 9,009	\$ 3,431	\$ 5,662	\$ 8,419	\$ 6,982	\$ 3,789	\$ 3,396	\$ 10,270	\$ 5,731	\$ 10,734	\$ 11,362	\$ 7,501
Collection %	83%	75%	58%	88%	88%	80%	72%	86%	75%	53%	70%	76%	76%	75%
<b>SELF PAY</b>														
Payments	\$ 109,052	\$ 92,395	\$ 99,384	\$ 78,678	\$ 94,649	\$ 87,331	\$ 114,749	\$ 101,709	\$ 103,333	\$ 102,553	\$ 89,969	\$ 77,181	\$ 50,438	\$ 92,417
Bad Debt Recoveries	\$ 2,846	\$ 2,785	\$ 1,893	\$ 953	\$ 3,746	\$ 3,242	\$ 534	\$ 16,043	\$ 1,381	\$ 1,348	\$ 3,396	\$ 1,118	\$ 1,560	\$ 3,142
Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Charity Care	\$ 1,653	\$ 57,869	\$ 6,817	\$ 8,196	\$ 13,784	\$ 993	\$ -	\$ 18,363	\$ 7,213	\$ 22,548	\$ 2,556	\$ 4,505	\$ -	\$ 11,115
Bad Debt	\$ -	\$ 2,785	\$ 64,483	\$ 59,901	\$ 32,406	\$ 53,009	\$ 10,669	\$ 27,620	\$ 17,593	\$ -	\$ 2,670	\$ -	\$ -	\$ 20,857
Total SP Adjustments	\$ 1,653	\$ 60,654	\$ 71,300	\$ 68,097	\$ 46,190	\$ 54,002	\$ 10,669	\$ 45,983	\$ 24,806	\$ 22,548	\$ 5,227	\$ 4,505	\$ -	\$ 31,972
Collection %	99%	60%	58%	54%	67%	62%	91%	69%	81%	82%	95%	94%	100%	78%
<b>TOTAL</b>														
Total Payments	\$ 975,041	\$ 964,134	\$ 1,403,938	\$ 1,324,175	\$ 1,494,755	\$ 1,303,746	\$ 1,095,829	\$ 1,135,701	\$ 1,208,829	\$ 1,153,799	\$ 1,099,224	\$ 1,022,651	\$ 749,254	\$ 1,148,544
Total Adjustment	\$ 501,654	\$ 510,636	\$ 632,850	\$ 662,578	\$ 670,467	\$ 768,632	\$ 606,877	\$ 844,209	\$ 721,536	\$ 706,057	\$ 525,602	\$ 714,262	\$ 443,245	\$ 607,152
Total Collection %	66%	65%	69%	67%	69%	63%	64%	57%	63%	62%	68%	59%	63%	64%

## Cash & Adjustment Trending

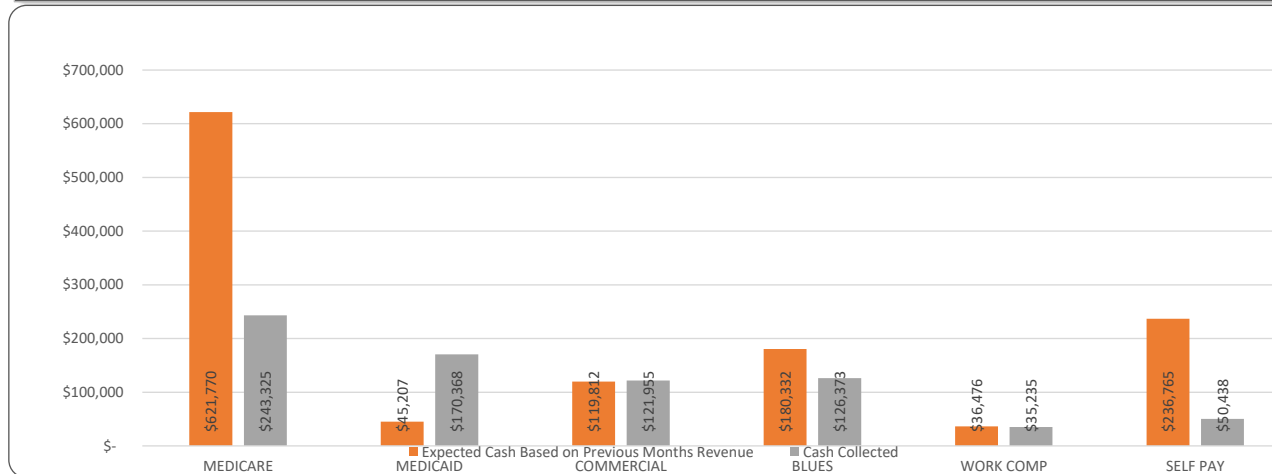


## Cash Collections by Discharge Date



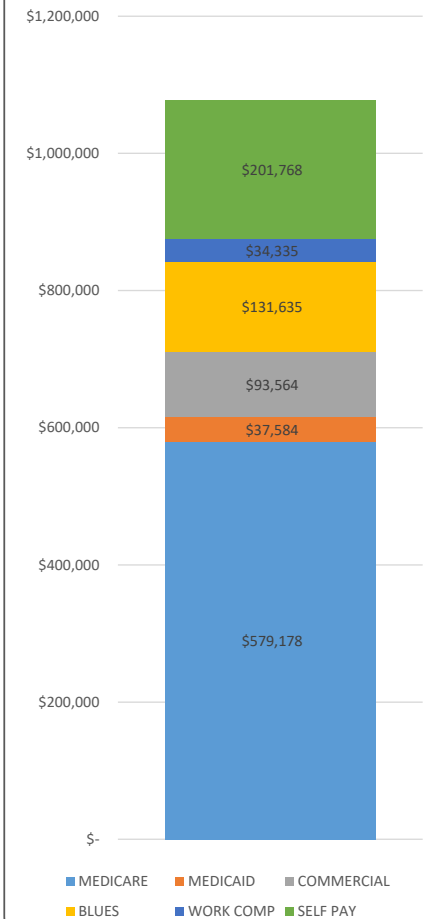
# CASH FORECASTING

Expected Last Month vs Cash Collected (Based on Previous Months Revenue)

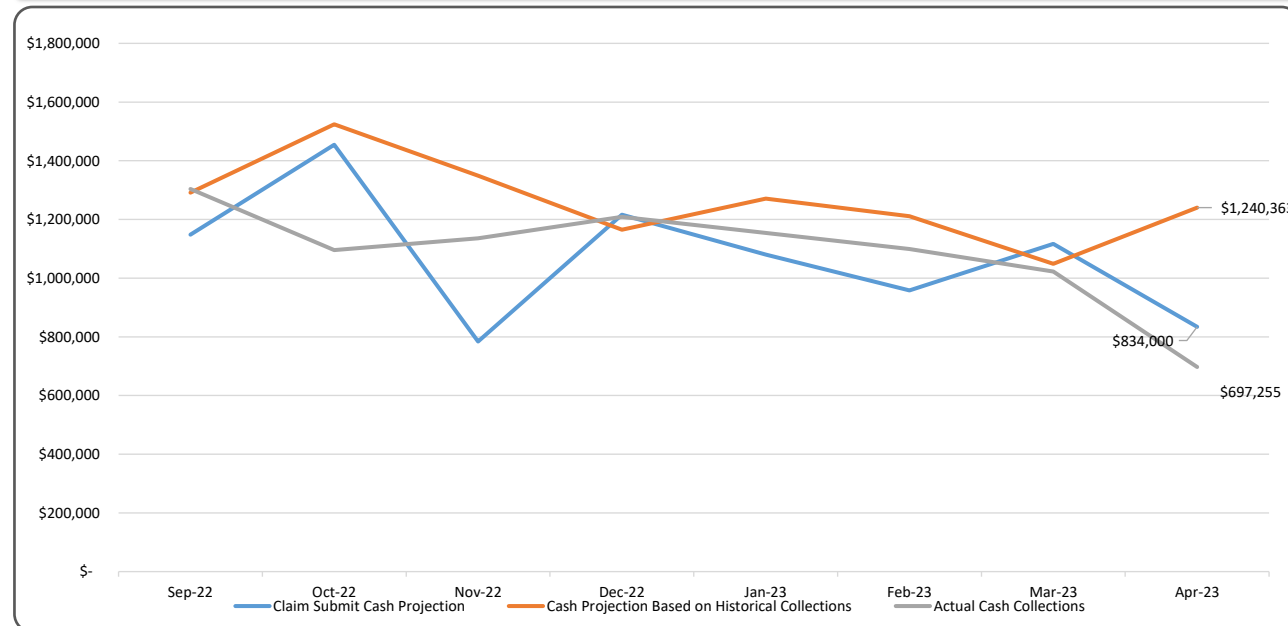


Cash Expected Next Month  
(Based on *this Month's* Revenue)

**\$1,078,064**



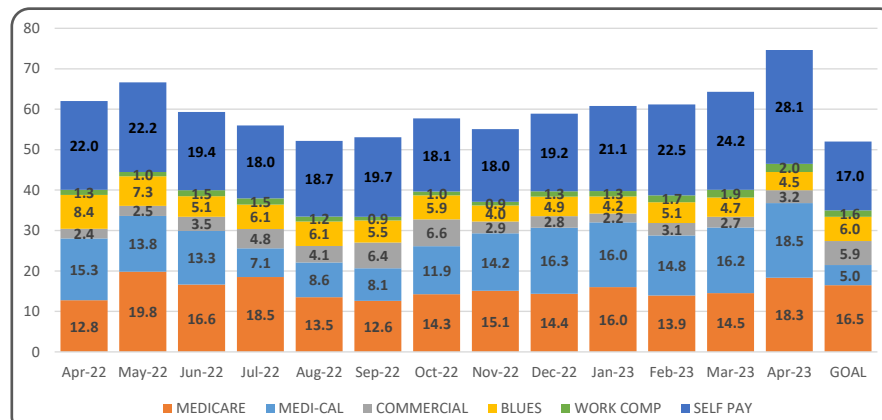
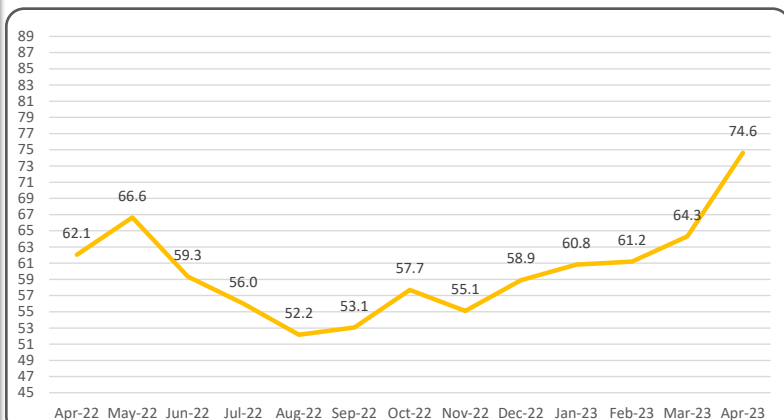
Expected Cash Based on Claim Submissions and Historical Collections



# ACCOUNTS RECEIVABLE

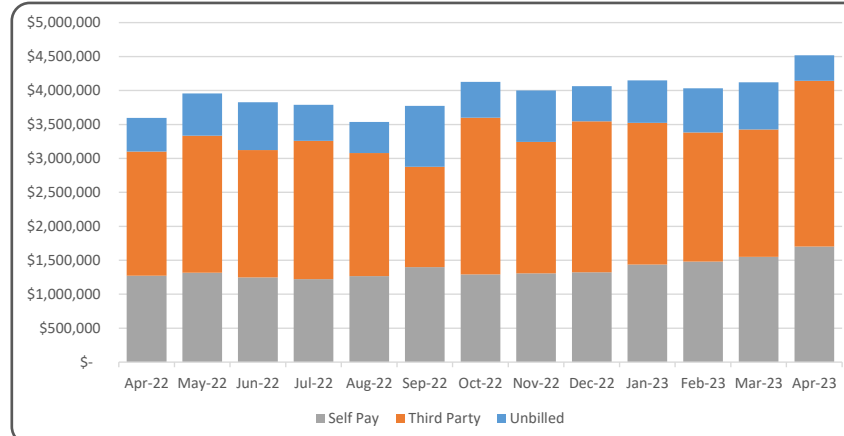
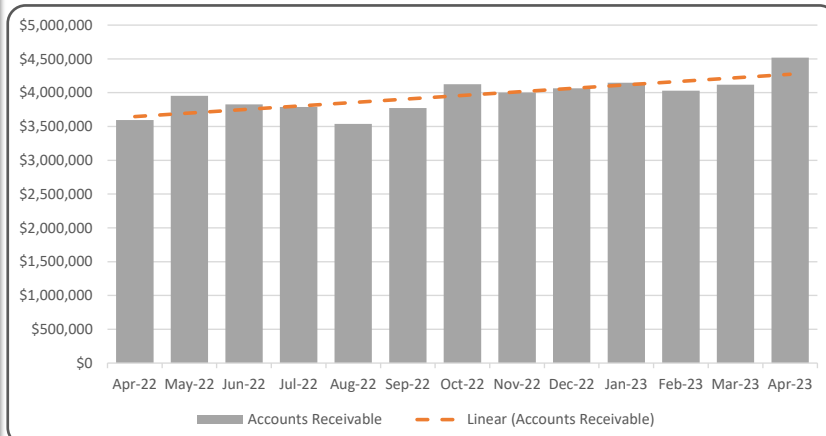
AR Days

PAYER	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
MEDICARE	12.8	19.8	16.6	18.5	13.5	12.6	14.3	15.1	14.4	16.0	13.9	14.5	18.3	15.4
MEDI-CAL	15.3	13.8	13.3	7.1	8.6	8.1	11.9	14.2	16.3	16.0	14.8	16.2	18.5	13.4
COMMERCIAL	2.4	2.5	3.5	4.8	4.1	6.4	6.6	2.9	2.8	2.2	3.1	2.7	3.2	3.6
BLUES	8.4	7.3	5.1	6.1	6.1	5.5	5.9	4.0	4.9	4.2	5.1	4.7	4.5	5.5
WORK COMP	1.3	1.0	1.5	1.5	1.2	0.9	1.0	0.9	1.3	1.3	1.7	1.9	2.0	1.4
SELF PAY	22.0	22.2	19.4	18.0	18.7	19.7	18.1	18.0	19.2	21.1	22.5	24.2	28.1	20.9
TOTAL DAYS	62.1	66.6	59.3	56.0	52.2	53.1	57.7	55.1	58.9	60.8	61.2	64.3	74.6	60.1



AR Balance

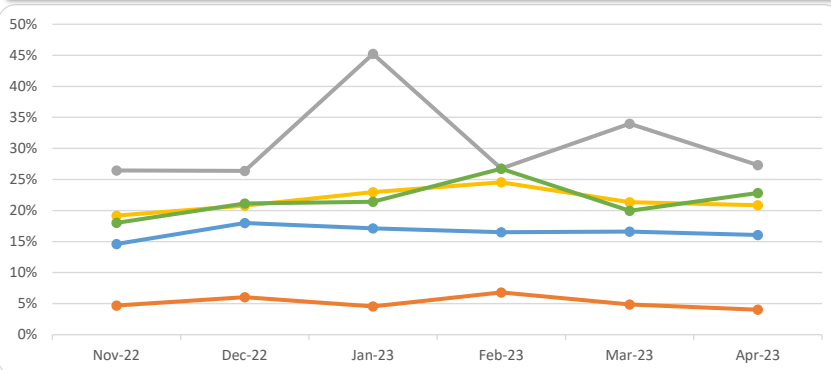
PAYER	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
MEDICARE	\$ 739,316	\$ 1,176,212	\$ 1,073,167	\$ 1,252,620	\$ 916,722	\$ 895,974	\$ 1,020,321	\$ 1,096,270	\$ 991,439	\$ 1,092,967	\$ 918,752	\$ 929,629	\$ 1,109,360	\$ 1,016,365
MEDI-CAL	\$ 886,175	\$ 819,197	\$ 856,438	\$ 480,599	\$ 581,982	\$ 573,118	\$ 849,344	\$ 1,030,845	\$ 1,127,730	\$ 1,089,526	\$ 976,338	\$ 1,038,747	\$ 1,117,381	\$ 879,032
COMMERCIAL	\$ 139,209	\$ 148,961	\$ 223,877	\$ 321,763	\$ 276,349	\$ 452,621	\$ 474,468	\$ 211,850	\$ 195,508	\$ 151,446	\$ 203,820	\$ 171,872	\$ 192,788	\$ 243,426
BLUES	\$ 484,497	\$ 432,966	\$ 327,238	\$ 410,862	\$ 412,990	\$ 389,636	\$ 421,373	\$ 290,029	\$ 335,242	\$ 287,671	\$ 338,597	\$ 303,315	\$ 272,095	\$ 362,039
WORK COMP	\$ 73,554	\$ 61,619	\$ 97,660	\$ 102,056	\$ 82,341	\$ 63,028	\$ 68,450	\$ 64,432	\$ 91,830	\$ 89,511	\$ 111,193	\$ 123,974	\$ 123,457	\$ 88,700
SELF PAY	\$ 1,272,813	\$ 1,316,325	\$ 1,248,306	\$ 1,220,954	\$ 1,267,468	\$ 1,397,399	\$ 1,291,841	\$ 1,307,592	\$ 1,323,482	\$ 1,436,719	\$ 1,482,410	\$ 1,551,682	\$ 1,702,135	\$ 1,370,702
TOTAL	\$ 3,595,563	\$ 3,955,280	\$ 3,826,687	\$ 3,788,855	\$ 3,537,853	\$ 3,771,777	\$ 4,125,797	\$ 4,001,018	\$ 4,065,230	\$ 4,147,841	\$ 4,031,109	\$ 4,119,219	\$ 4,517,216	\$ 3,960,265



# ACCOUNTS RECEIVABLE AGING

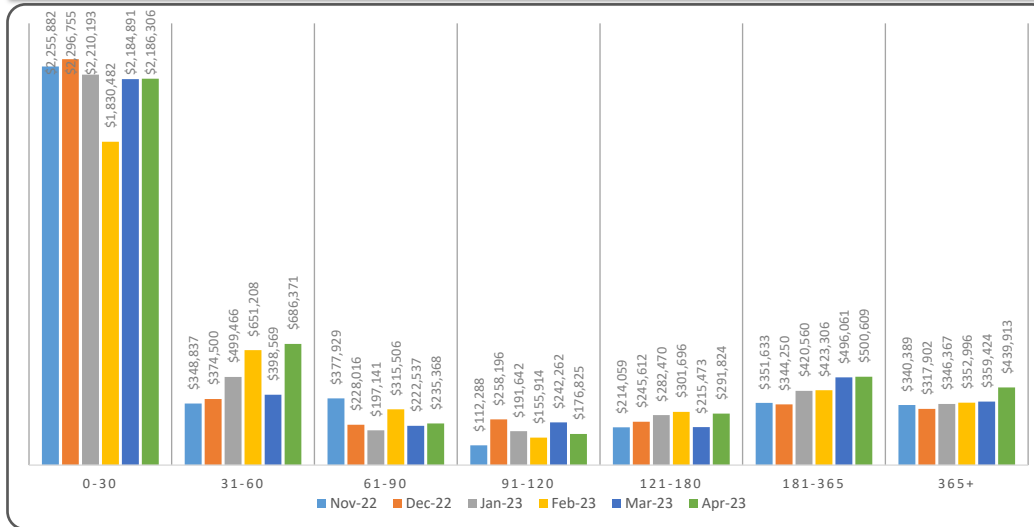
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
<b>MEDICARE</b>																
Non-Credit	496	\$ 902,435	119	\$ 147,235	25	\$ 20,473	17	\$ 6,240	27	\$ 20,027	20	\$ 13,213	4	\$ 5,411	708	\$ 1,115,035
Credit	7	\$ (241)	0	\$ -	1	\$ (273)	3	\$ (3,997)	0	\$ -	2	\$ (34)	7	\$ (1,130)	20	\$ (5,675)
<b>TOTAL</b>	<b>503</b>	<b>\$ 902,194</b>	<b>119</b>	<b>\$ 147,235</b>	<b>26</b>	<b>\$ 20,200</b>	<b>20</b>	<b>\$ 2,244</b>	<b>27</b>	<b>\$ 20,027</b>	<b>22</b>	<b>\$ 13,179</b>	<b>11</b>	<b>\$ 4,281</b>	<b>728</b>	<b>\$ 1,109,360</b>
<b>MEDI-CAL</b>																
Non-Credit	150	\$ 746,865	128	\$ 147,896	110	\$ 95,134	67	\$ 40,897	97	\$ 45,095	121	\$ 56,370	71	\$ 46,920	744	\$ 1,179,177
Credit	0	\$ -	0	\$ -	5	\$ (4,202)	9	\$ (6,387)	6	\$ (3,480)	36	\$ (8,009)	146	\$ (39,719)	202	\$ (61,796)
<b>TOTAL</b>	<b>150</b>	<b>\$ 746,865</b>	<b>128</b>	<b>\$ 147,896</b>	<b>115</b>	<b>\$ 90,932</b>	<b>76</b>	<b>\$ 34,511</b>	<b>103</b>	<b>\$ 41,615</b>	<b>157</b>	<b>\$ 48,362</b>	<b>217</b>	<b>\$ 7,201</b>	<b>946</b>	<b>\$ 1,117,381</b>
<b>COMMERCIAL</b>																
Non-Credit	54	\$ 67,211	85	\$ 95,531	32	\$ 20,828	9	\$ 5,442	22	\$ 12,484	49	\$ 31,623	21	\$ 19,414	272	\$ 252,533
Credit	0	\$ -	1	\$ (120)	2	\$ (1,319)	1	\$ (45)	2	\$ (367)	8	\$ (3,056)	140	\$ (54,839)	154	\$ (59,745)
<b>TOTAL</b>	<b>54</b>	<b>\$ 67,211</b>	<b>86</b>	<b>\$ 95,411</b>	<b>34</b>	<b>\$ 19,509</b>	<b>10</b>	<b>\$ 5,397</b>	<b>24</b>	<b>\$ 12,117</b>	<b>57</b>	<b>\$ 28,568</b>	<b>161</b>	<b>\$ (35,425)</b>	<b>426</b>	<b>\$ 192,788</b>
<b>BLUES</b>																
Non-Credit	207	\$ 201,823	81	\$ 57,626	41	\$ 30,688	20	\$ 9,356	13	\$ 14,604	30	\$ 34,588	21	\$ 17,941	413	\$ 366,626
Credit	26	\$ (1,138)	2	\$ (79)	3	\$ (676)	0	\$ -	2	\$ (902)	23	\$ (3,194)	218	\$ (88,543)	274	\$ (94,531)
<b>TOTAL</b>	<b>233</b>	<b>\$ 200,685</b>	<b>83</b>	<b>\$ 57,547</b>	<b>44</b>	<b>\$ 30,013</b>	<b>20</b>	<b>\$ 9,356</b>	<b>15</b>	<b>\$ 13,702</b>	<b>53</b>	<b>\$ 31,394</b>	<b>239</b>	<b>\$ (70,602)</b>	<b>687</b>	<b>\$ 272,095</b>
<b>WORK COMP</b>																
Non-Credit	40	\$ 78,670	15	\$ 11,475	8	\$ 7,407	3	\$ 3,893	9	\$ 8,170	12	\$ 9,052	6	\$ 7,747	93	\$ 126,413
Credit	0	\$ -	0	\$ -	1	\$ (6)	0	\$ -	1	\$ (642)	1	\$ (480)	6	\$ (1,827)	9	\$ (2,955)
<b>TOTAL</b>	<b>40</b>	<b>\$ 78,670</b>	<b>15</b>	<b>\$ 11,475</b>	<b>9</b>	<b>\$ 7,401</b>	<b>3</b>	<b>\$ 3,893</b>	<b>10</b>	<b>\$ 7,528</b>	<b>13</b>	<b>\$ 8,571</b>	<b>12</b>	<b>\$ 5,920</b>	<b>102</b>	<b>\$ 123,457</b>
<b>SELF PAY</b>																
Non-Credit	73	\$ 202,496	177	\$ 226,972	171	\$ 67,770	161	\$ 121,841	281	\$ 198,244	588	\$ 378,417	1055	\$ 670,879	2506	\$ 1,866,619
Credit	6	\$ (11,815)	4	\$ (164)	16	\$ (457)	8	\$ (415)	25	\$ (1,411)	71	\$ (7,882)	851	\$ (142,341)	981	\$ (164,484)
<b>TOTAL</b>	<b>79</b>	<b>\$ 190,682</b>	<b>181</b>	<b>\$ 226,808</b>	<b>187</b>	<b>\$ 67,313</b>	<b>169</b>	<b>\$ 121,426</b>	<b>306</b>	<b>\$ 196,834</b>	<b>659</b>	<b>\$ 370,535</b>	<b>1906</b>	<b>\$ 528,538</b>	<b>3487</b>	<b>\$ 1,702,135</b>
<b>ACCOUNTS RECEIVABLE</b>																
Non-Credit	1020	\$ 2,199,499	605	\$ 686,734	387	\$ 242,301	277	\$ 187,668	449	\$ 298,625	820	\$ 523,263	1178	\$ 768,312	4736	\$ 4,906,403
Credit	39	\$ (13,193)	7	\$ (363)	28	\$ (6,933)	21	\$ (10,843)	36	\$ (6,801)	141	\$ (22,654)	1368	\$ (328,399)	1640	\$ (389,187)
<b>GRAND TOTAL</b>	<b>1059</b>	<b>\$ 2,186,306</b>	<b>612</b>	<b>\$ 686,371</b>	<b>415</b>	<b>\$ 235,368</b>	<b>298</b>	<b>\$ 176,825</b>	<b>485</b>	<b>\$ 291,824</b>	<b>961</b>	<b>\$ 500,609</b>	<b>2546</b>	<b>\$ 439,913</b>	<b>6376</b>	<b>\$ 4,517,216</b>

Aged Over 90 Days Trending (excluding Credits)



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Medicare	4.7%	6.0%	4.6%	6.8%	4.9%	4.0%
Medi-Cal	14.6%	18.0%	17.1%	16.5%	16.6%	16.1%
Commercial	26.5%	26.4%	45.2%	26.8%	34.0%	27.3%
Blues	19.2%	20.8%	23.0%	24.5%	21.3%	20.9%
Work Comp	18.0%	21.1%	21.4%	26.7%	20.0%	22.8%

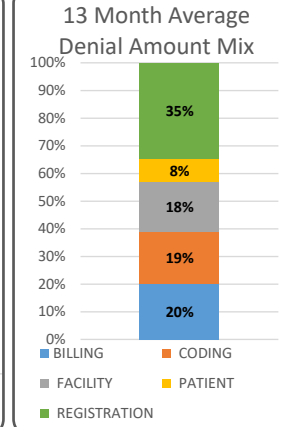
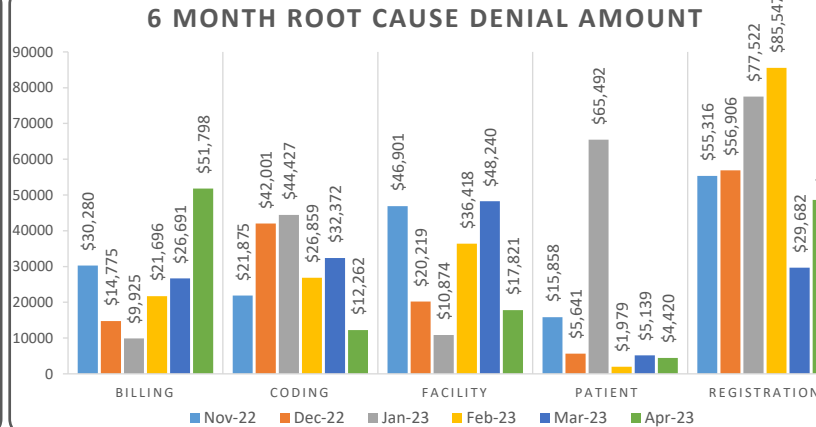
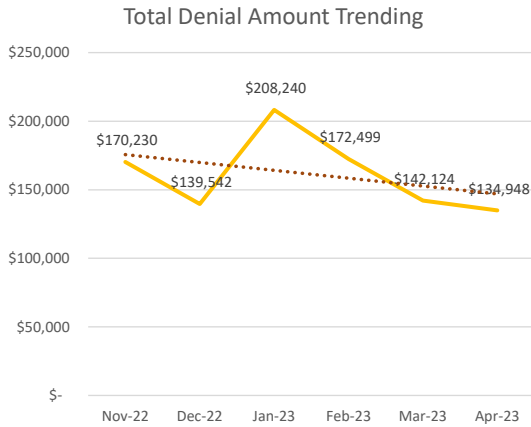
6 Month Aging



# DENIAL MANAGEMENT

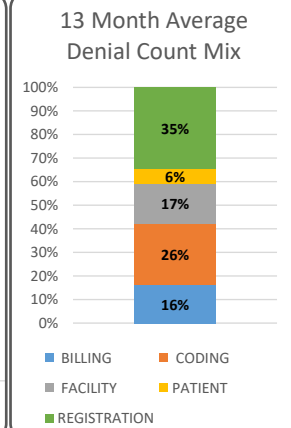
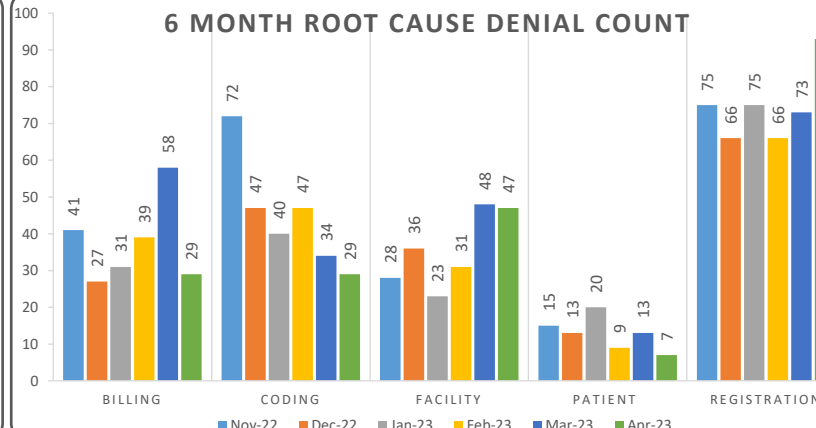
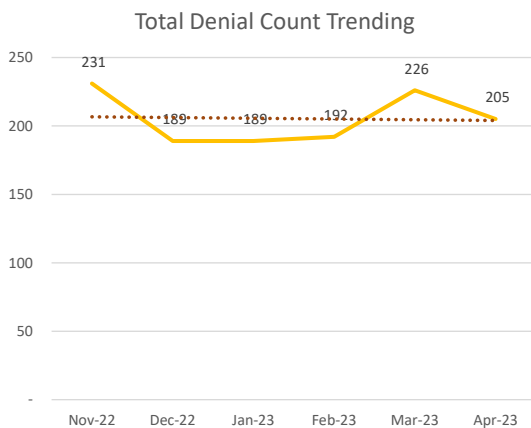
Denial Amount

AMOUNT	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
BILLING	\$ 46,039	\$ 10,521	\$ 32,544	\$ 5,238	\$ 19,272	\$ 32,390	\$ 69,107	\$ 30,280	\$ 14,775	\$ 9,925	\$ 21,696	\$ 26,691	\$ 51,798	\$ 28,483
CODING	\$ 31,891	\$ 15,168	\$ 13,026	\$ 28,190	\$ 23,955	\$ 22,778	\$ 39,166	\$ 21,875	\$ 42,001	\$ 44,427	\$ 26,859	\$ 32,372	\$ 12,262	\$ 27,228
FACILITY	\$ 20,371	\$ 19,416	\$ 27,967	\$ 11,961	\$ 35,975	\$ 20,352	\$ 17,873	\$ 46,901	\$ 20,219	\$ 10,874	\$ 36,418	\$ 48,240	\$ 17,821	\$ 25,722
PATIENT	\$ 3,940	\$ 6,999	\$ 9,979	\$ 1,664	\$ 18,055	\$ 7,950	\$ 6,247	\$ 15,858	\$ 5,641	\$ 65,492	\$ 1,979	\$ 5,139	\$ 4,420	\$ 11,797
REGISTRATION	\$ 55,718	\$ 18,669	\$ 51,393	\$ 31,470	\$ 32,316	\$ 41,975	\$ 59,248	\$ 55,316	\$ 56,906	\$ 77,522	\$ 85,547	\$ 29,682	\$ 48,646	\$ 49,570
<b>TOTAL</b>	<b>\$ 157,959</b>	<b>\$ 70,773</b>	<b>\$ 134,909</b>	<b>\$ 78,522</b>	<b>\$ 129,574</b>	<b>\$ 125,445</b>	<b>\$ 191,640</b>	<b>\$ 170,230</b>	<b>\$ 139,542</b>	<b>\$ 208,240</b>	<b>\$ 172,499</b>	<b>\$ 142,124</b>	<b>\$ 134,948</b>	<b>\$ 142,800</b>



Denial Count

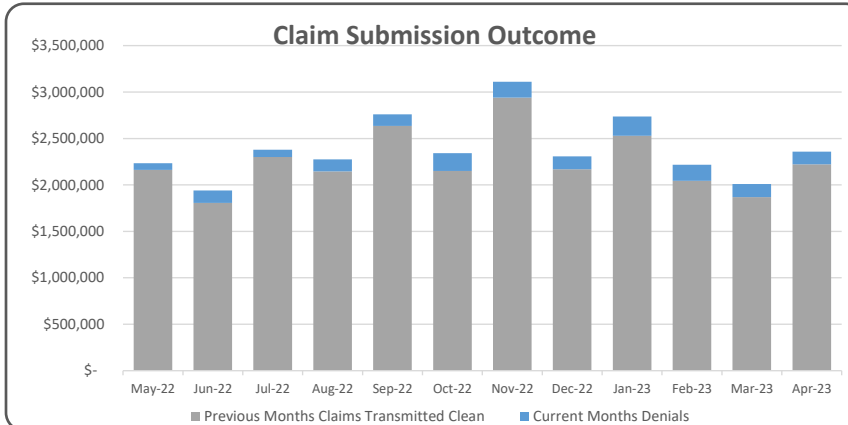
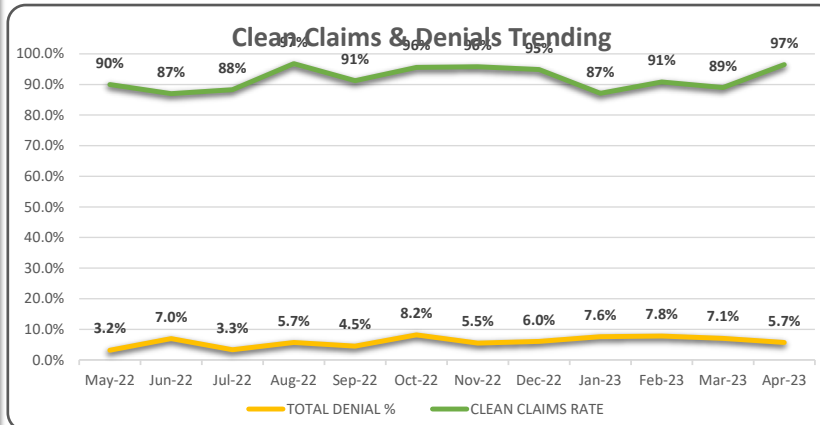
COUNT	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
BILLING	36	15	26	10	31	24	39	41	27	31	39	58	29	31
CODING	30	104	39	31	57	64	62	72	47	40	47	34	29	50
FACILITY	27	40	28	17	33	34	29	28	36	23	31	48	47	32
PATIENT	8	12	10	6	19	14	11	15	13	20	9	13	7	12
REGISTRATION	74	48	56	59	64	63	56	75	66	75	66	73	93	67
<b>TOTAL</b>	<b>175</b>	<b>219</b>	<b>159</b>	<b>123</b>	<b>204</b>	<b>199</b>	<b>197</b>	<b>231</b>	<b>189</b>	<b>189</b>	<b>192</b>	<b>226</b>	<b>205</b>	<b>193</b>



# CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

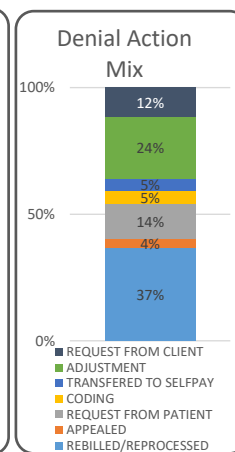
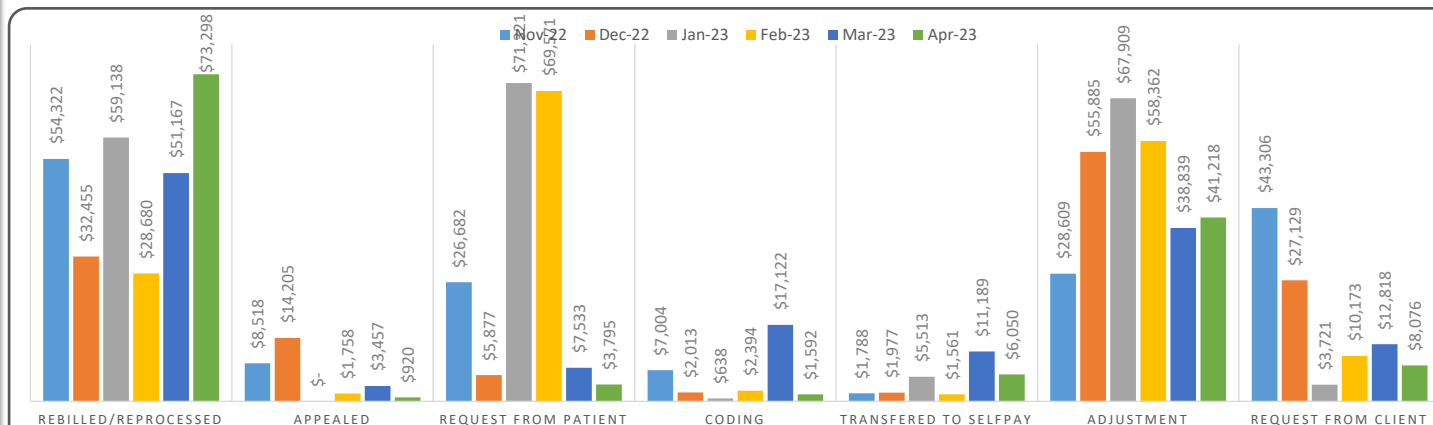
Denial & Clean Claim Trending

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
DENIAL AMOUNT	\$ 157,959	\$ 70,773	\$ 134,909	\$ 78,522	\$ 129,574	\$ 125,445	\$ 191,640	\$ 170,230	\$ 139,542	\$ 208,240	\$ 172,499	\$ 142,124	\$ 134,948	\$ 142,800
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 2,308,424	\$ 2,233,739	\$ 1,940,725	\$ 2,378,628	\$ 2,274,985	\$ 2,759,844	\$ 2,341,328	\$ 3,110,731	\$ 2,307,661	\$ 2,737,447	\$ 2,216,486	\$ 2,010,603	\$ 2,357,455	\$ 2,382,927
TOTAL DENIAL %	6.8%	3.2%	7.0%	3.3%	5.7%	4.5%	8.2%	5.5%	6.0%	7.6%	7.8%	7.1%	5.7%	6.0%
CLEAN CLAIMS RATE	98%	90%	87%	88%	97%	91%	96%	96%	95%	87%	91%	89%	97%	92%



Action Taken on Denials

DENIAL ACTION	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
REBILLED/REPROCESSED	\$ 53,822	\$ 18,139	\$ 76,657	\$ 12,844	\$ 42,909	\$ 60,880	\$ 118,644	\$ 54,322	\$ 32,455	\$ 59,138	\$ 28,680	\$ 51,167	\$ 73,298	\$ 52,535
APPEALED	\$ 4,971	\$ 4,799	\$ 6,086	\$ 967	\$ 9,345	\$ 1,297	\$ 10,358	\$ 8,518	\$ 14,205	\$ -	\$ 1,758	\$ 3,457	\$ 920	\$ 5,129
REQUEST FROM PATIENT	\$ 2,037	\$ 4,702	\$ 5,276	\$ 16,353	\$ 16,331	\$ 7,320	\$ 19,231	\$ 26,682	\$ 5,877	\$ 71,321	\$ 69,571	\$ 7,533	\$ 3,795	\$ 19,694
CODING	\$ 24,035	\$ 3,787	\$ 2,459	\$ 3,954	\$ 7,421	\$ 10,523	\$ 7,630	\$ 7,004	\$ 2,013	\$ 638	\$ 2,394	\$ 17,122	\$ 1,592	\$ 6,967
TRANSFERRED TO SELF-PAY	\$ 37,671	\$ 4,576	\$ 5,659	\$ 3,084	\$ 4,540	\$ 6,941	\$ 3,725	\$ 1,788	\$ 1,977	\$ 5,513	\$ 1,561	\$ 11,189	\$ 6,050	\$ 7,252
ADJUSTMENT	\$ 24,509	\$ 19,878	\$ 30,732	\$ 14,735	\$ 33,071	\$ 13,871	\$ 24,344	\$ 28,609	\$ 55,885	\$ 67,909	\$ 58,362	\$ 38,839	\$ 41,218	\$ 34,766
REQUEST FROM CLIENT	\$ 10,916	\$ 14,892	\$ 8,040	\$ 26,585	\$ 15,958	\$ 24,614	\$ 7,709	\$ 43,306	\$ 27,129	\$ 3,721	\$ 10,173	\$ 12,818	\$ 8,076	\$ 16,457
TOTAL	\$ 157,959	\$ 70,773	\$ 134,909	\$ 78,522	\$ 129,574	\$ 125,445	\$ 191,640	\$ 170,230	\$ 139,542	\$ 208,240	\$ 172,499	\$ 142,124	\$ 134,948	\$ 142,800



# UNBILLED & INVENTORY

Unbilled

INHOUSE	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
MEDICARE	\$ 101,523	\$ 118,951	\$ 158,174	\$ 3,538	\$ 46,981	\$ 113,270	\$ 47,611	\$ 102,053	\$ 36,320	\$ 39,825	\$ 18,634	\$ 170,364	\$ 24,638	\$ 75,529
MEDI-CAL	\$ 404	\$ 404	\$ 22,082	\$ 25,777	\$ 34,587	\$ 53,236	\$ 77,737	\$ 94,062	\$ 534	\$ 9,697	\$ 191,895	\$ 223,072	\$ 143,462	\$ 67,458
COMMERCIAL	\$ 3,116	\$ 1,075	\$ 2,358	\$ (60)	\$ 2,766	\$ 9,489	\$ 7,376	\$ 1,093	\$ (35)	\$ (35)	\$ 1,039	\$ 8,324	\$ 1,549	\$ 2,927
BLUES	\$ 27,699	\$ 28,868	\$ 23,809	\$ (614)	\$ 32,480	\$ 27,855	\$ 37,599	\$ 44,449	\$ 9,986	\$ 9,973	\$ 14,242	\$ 20,845	\$ 26,586	\$ 23,367
WORK COMP	\$ 2,963	\$ 2,977	\$ 6,903	\$ -	\$ 11,665	\$ 1,120	\$ 978	\$ -	\$ 489	\$ 810	\$ 4,475	\$ 22,679	\$ 5,834	\$ 4,684
SELF PAY	\$ -	\$ -	\$ 206	\$ -	\$ -	\$ 397	\$ 397	\$ 672	\$ -	\$ (587)	\$ -	\$ -	\$ 98	\$ 91
TOTAL	\$ 135,705	\$ 152,275	\$ 213,531	\$ 28,641	\$ 128,479	\$ 205,367	\$ 171,698	\$ 242,329	\$ 47,293	\$ 59,682	\$ 230,285	\$ 445,283	\$ 202,166	\$ 174,057

DNFB	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
MEDICARE	\$ 226,211	\$ 290,329	\$ 264,840	\$ 219,386	\$ 191,308	\$ 340,323	\$ 279,791	\$ 411,859	\$ 221,978	\$ 290,507	\$ 170,723	\$ 142,748	\$ 97,778	\$ 242,137
MEDI-CAL	\$ 74,392	\$ 60,204	\$ 114,328	\$ 89,091	\$ 51,735	\$ 98,422	\$ 18,866	\$ 46,604	\$ 90,660	\$ 162,900	\$ 140,107	\$ 55,847	\$ 31,522	\$ 79,591
COMMERCIAL	\$ 15,395	\$ 52,842	\$ 39,031	\$ 64,191	\$ 12,707	\$ 74,359	\$ 6,569	\$ 12,419	\$ 72,384	\$ 30,442	\$ 50,470	\$ 11,148	\$ 3,897	\$ 34,296
BLUES	\$ 36,495	\$ 57,481	\$ 31,088	\$ 123,620	\$ 69,033	\$ 163,731	\$ 42,718	\$ 25,073	\$ 52,359	\$ 71,827	\$ 46,535	\$ 25,635	\$ 23,567	\$ 59,166
WORK COMP	\$ 5,239	\$ 8,560	\$ 39,526	\$ 6,625	\$ 5,579	\$ 12,415	\$ 6,991	\$ 19,438	\$ 33,516	\$ 7,265	\$ 10,598	\$ 10,596	\$ 14,808	\$ 13,935
SELF PAY	\$ 53	\$ 53	\$ -	\$ -	\$ 53	\$ 53	\$ 53	\$ 450	\$ 1,122	\$ 1,122	\$ 1,069	\$ 1,069	\$ 1,069	\$ 474
TOTAL	\$ 357,785	\$ 469,468	\$ 488,812	\$ 502,912	\$ 330,414	\$ 689,303	\$ 354,987	\$ 515,842	\$ 472,018	\$ 564,062	\$ 419,502	\$ 247,043	\$ 172,640	\$ 429,599

TOTAL UNBILLED	\$ 493,490	\$ 621,743	\$ 702,344	\$ 531,553	\$ 458,893	\$ 894,670	\$ 526,685	\$ 758,171	\$ 519,311	\$ 623,744	\$ 649,787	\$ 692,327	\$ 374,806	\$ 603,656
UNBILLED DAYS	8.5	10.5	10.9	7.9	6.8	12.6	7.4	10.4	7.5	9.1	9.9	10.8	6.2	9.1

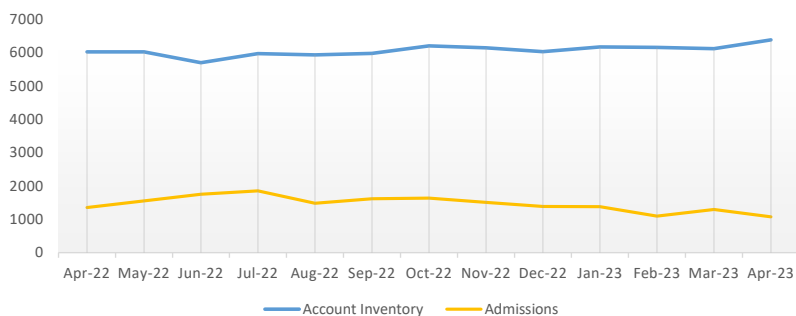
Admissions & Account Inventory

ADMISSIONS	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
INPATIENT	4	7	7	5	7	12	4	10	14	12	4	6	3	7
OUTPATIENT	556	612	731	866	458	498	522	453	403	398	350	397	351	507
EMERGENCY ROOM	193	219	266	336	325	251	236	209	286	205	170	187	210	238
CLINIC	600	714	744	644	690	857	872	832	679	763	567	707	508	706
NURSING HOME	0	1	0	1	0	0	1	0	0	0	1	0	1	0
TOTAL	1,353	1,553	1,748	1,852	1,480	1,618	1,635	1,504	1,382	1,378	1,092	1,297	1,073	1459

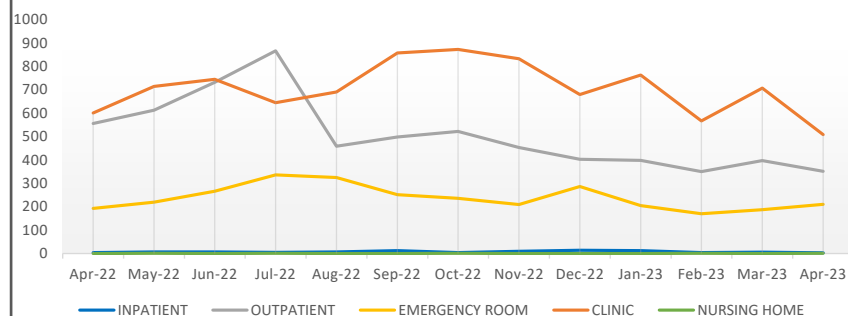
  

ACCOUNT INVENTORY	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	13 Month Average
MEDICARE	677	777	668	788	785	627	891	756	585	688	657	668	728	715
MEDI-CAL	798	774	715	650	761	868	919	958	937	936	907	911	946	852
COMMERCIAL	391	322	405	412	390	426	406	379	401	423	422	391	426	400
BLUES	671	669	660	767	690	692	706	768	766	732	720	717	687	711
WORK COMP	77	62	67	71	73	59	56	50	61	68	90	92	102	71
SELF PAY	3,405	3,409	3,177	3,275	3,227	3,302	3,217	3,225	3,273	3,319	3,356	3,335	3,487	3308
TOTAL	6019	6013	5692	5963	5926	5974	6195	6136	6023	6166	6152	6114	6376	6058

Account Inventory & Admissions



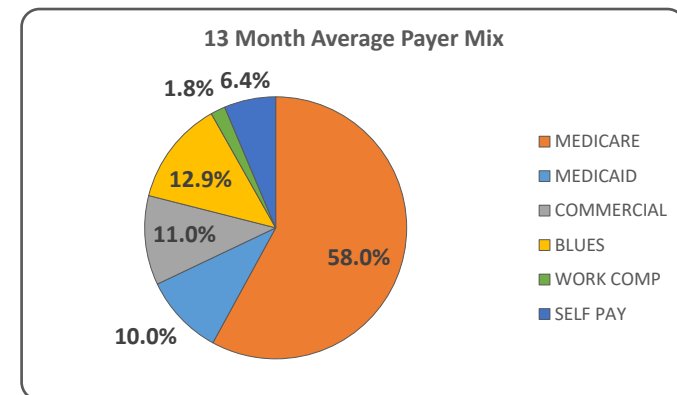
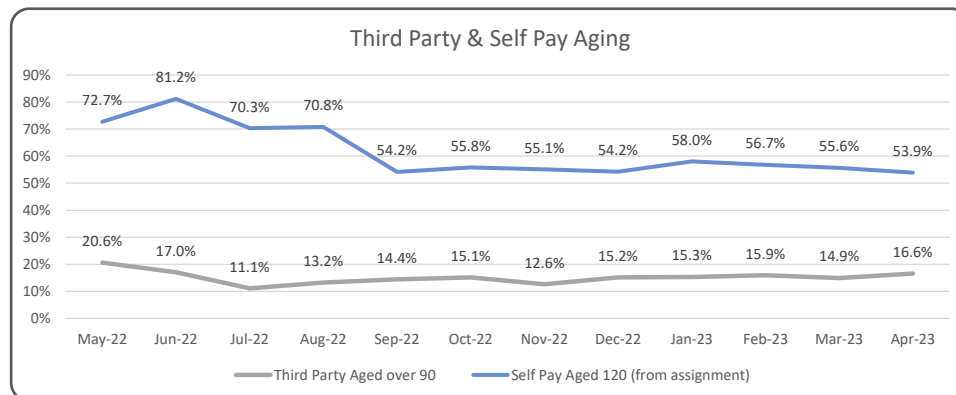
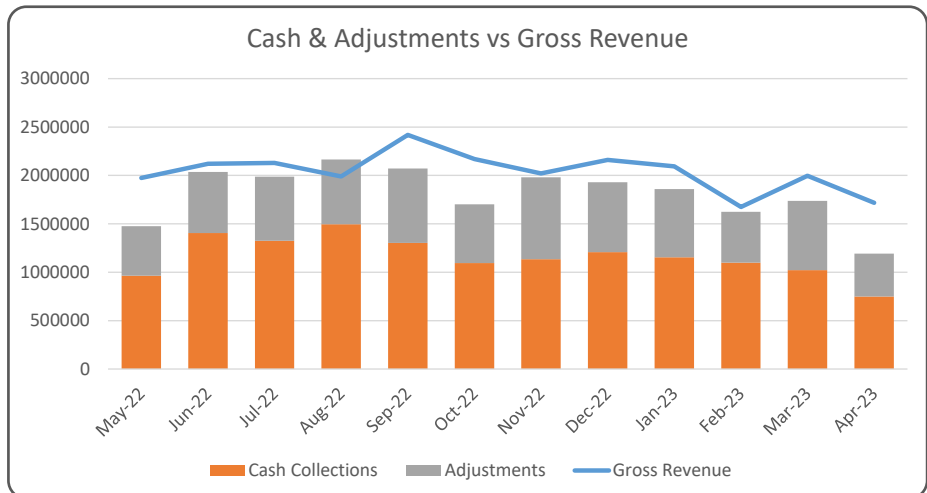
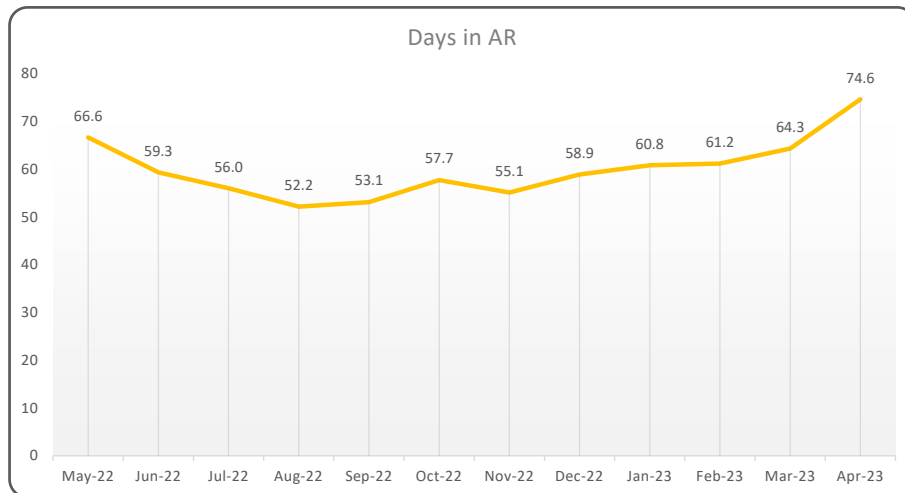
Admissions by Service Type



# Seneca Healthcare District

## Executive Dashboard

	TARGET	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Days in AR	52.0	66.6	59.3	56.0	52.2	53.1	57.7	55.1	58.9	60.8	61.2	64.3	74.6
Gross AR		3,955,280	3,826,687	3,788,855	3,537,853	3,771,777	4,125,797	4,001,018	4,065,230	4,147,841	4,031,109	4,119,219	4,517,216
Gross Revenue		1,975,062	2,120,965	2,128,533	1,990,421	2,418,882	2,168,472	2,020,034	2,160,904	2,094,079	1,674,470	1,995,757	1,716,459
Cash Collections		964,134	1,403,938	1,324,175	1,494,755	1,303,746	1,095,829	1,135,701	1,208,829	1,153,799	1,099,224	1,022,651	749,254
Adjustments		510,636	632,850	662,578	670,467	768,632	606,877	844,209	721,536	706,057	525,602	714,262	443,245
Collection %		65.4%	68.9%	66.7%	69.0%	62.9%	64.4%	57.4%	62.6%	62.0%	67.7%	58.9%	62.8%
Late Charges	1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bad Debt	3%	0.1%	3.0%	2.8%	1.6%	2.2%	0.5%	1.4%	0.8%	0.0%	0.2%	0.0%	0.0%
Charity Care	3%	2.9%	0.3%	0.4%	0.7%	0.0%	0.0%	0.9%	0.3%	1.1%	0.2%	0.2%	0.0%
Third Party Aged over 90	18%	20.6%	17.0%	11.1%	13.2%	14.4%	15.1%	12.6%	15.2%	15.3%	15.9%	14.9%	16.6%
Self Pay Aged 120 (from assignment)	25%	72.7%	81.2%	70.3%	70.8%	54.2%	55.8%	55.1%	54.2%	58.0%	56.7%	55.6%	53.9%



# TAB

# J

Presented by  
Donna Huntingdale,  
Building Rx

- New CAH Updates
- ENPLAN SOQ Biological
- New Hosp. Build Exterior Image Renderings
- New Hosp. Build Floorplan

## SPT Report to the SHD Board

5/25/2023

SWIMLANES	SUBCATEGORIES	General Summary	Updates
CEQA	General / SHD approval	For compliance with CEQA (state) environmental requirements, an environmental review is required to evaluate project followed by approval of the GPA/RZ and LAFCO (see below). Sequoia Environmental is the consultant that has been contracted to lead this process. SHD has been identified as the lead agency for the CEQA review/approval.	BOD adopted IS/MND at 5/4/23 meeting & Notice of Determination (NOD) was filed on 5/10/23. Finalized 30 days from NOD.
			As a responsible agency to the CEQA process, Plumas County Planning and Department of Public Works will follow SHD in approving the GPA/RZ based on the IS/MND. Planning Commission met and agreed the project on 5/18/23 and unanimously approved the resolution to recommend approval to the Board of Supervisors. BOS meeting dates are as follows:
	GPA/Rezoning	This application has been submitted to the Plumas County Planning	BOS Public Hearing on MND and GPA/Rezoning 6/6/23 BOS Public Hearing for adoption of the GPA/Rezoning 6/13/23
	LAFCO Annexation	Documentation has been compiled to submit to LAFCO to annex the site for the new CAH into Chester Public Utilities District. That application is being held until it is determined where in the overall project schedule the submittal should be done in order to not need an extension for the application, noting that any LAFCO approval needs to follow Board of Supervisors' approval of the General Plan Amendment/Rezoning.	As a responsible agency to the CEQA process, LAFCO will follow SHD and PC/BOS in approving the parcel's annexation to CPUD. We met with County & LAFCO representatives to ensure process is moving along. County is expecting to have a resolution on the BOS agenda either 6/13 or 6/20 to accept the tax sharing agreement. Notice to the public 21 days prior to LAFCO meeting will be facilitated by LAFCO.  Tentative date for LAFCO meeting is 7/10/23.

NEPA		<p>For anticipated USDA financing (see below), an environmental review is required to evaluate project compliance with NEPA (federal) requirements. Sequoia Environmental is the consultant that has been contracted to lead this process. USDA is identified as the lead agency for the NEPA review/approval.</p>	<p>We received USDA feedback on the provided draft CatEx with report was provided. Due to the now-understood heliport flightpath incorporation into the project, the acreage threshold of 10 acres for CatEx being allowed. USDA is now indicating a full Environmental Assessment will be required, also needing noticing and public comment period. CEQA/NEPA consultant Sequoia will need additional fee to complete the document estimated at about \$25k. USDA will need to approve this document prior to site activities beginning...USDA is also indicating again that full loan approval is required prior to site activities beginning. Now aiming for mid-July for NEPA/loan completion.</p>
Heliport		<p>It is being examined whether a heliport is physically, financially, and regulatorily feasible in order to have the capability to transport patients as needed direct from the future facility in lieu of first transporting to the airport. A heliport consultant provided input in determining the physical feasibility at the site. From there a determination can be made to proceed in full, not at all, or only with the infrastructure so that a heliport can be added at a later date.</p>	<p>Walked the site 5/2 with Collins Pine, Harvest Consultant Sierra Timber Services, and SHD representation to discuss which trees are proposed to be removed and to discuss potential for beautification at the New CAH and adjacent Collins Pine property lines. Discussed aiming to keep more trees than current flightpath indicates given the only use will be for Visual Flight Rules (VFR) not Instrument Flight Rules (IFR). This will be finalized once the Heliport Consultant is on board. See Harvest Plan below.</p> <p>We have sent RFQ/P to 5 potential consultants for Heliport Consultant services. Proposals are due 6/5/23.</p>

Harvest Plan		<p>Pre-Harvest Inspection (PHI) was conducted on 5/2 with CALFIRE, Harvest Consultant Sierra Timber Services, and SHD representation. We are on track for obtaining the TCP in time for timber removal, now start governed by USDA/NEPA approval (see NEPA above).</p> <p>The RFP for associated tree/stump removal was distributed/advertised. Five entities participated in the mandatory sitewalk, but only one submitted a proposal. We will be re-opening/extending the response period given the anticipated delay to the start of work to mid July in order to ensure the previous timeline wasn't the reason for the lack of response. New RFP deadline will be 6/12, results to be brought to the BOD at the June meeting, with an anticipated start of work mid July.</p> <p>In preparation, we developed an RFP for the biological consultant was issued to 3 potential consultants for the biological CEQA mitigation measures required prior to site work. One response was received (fee less than \$25k), and once the shift in timeline is confirmed to not require any changes to the proposal, we will proceed to contract with Enplan, work to start approximately 2 weeks prior to start of tree removal.</p> <p>Additionally, dust control plan approval through NSAQMD is being reviewed to address that required mitigation management.</p> <p>Oversight of the tree removal work will be done by both STS (for confirmation of compliance with TCP) and by BSK, the geotech for assurance that the site will be properly prepped for building/site construction. Approval of that proposal is within the for "For Board Approval" portion of this meeting.</p>
		<p>Sierra Timber Services (STS) has been retained to prepare a Timber Harvesting Plan (THP) and associated Timberland Conversion permit (TCP). This is needed in order to clear trees as needed for the development, and will also be a component of the CEQA/NEPA analysis.</p>

Wildwood Easement		<p>No update from 4/27 BOD meeting re the existing easement. The easement approved by both SHD &amp; PCCDC for potential work at Wildwood's SW corner for main access from Reynolds Rd to the planned new facility has been recorded. Design-Build Entity may have an alternate/more cost-effective solution but if that is the case we can later record a retraction of the easement.</p> <p>The previously-discussed potential secondary emergency access/egress at the North (Meadow Lane) is not anticipated to be needed at this time...site plans have been submitted to the County with alternate secondary access/egress behind the clinic to Brentwood.</p>	<p>No update from 4/27 BOD meeting re the existing easement. The easement approved by both SHD &amp; PCCDC for potential work at Wildwood's SW corner for main access from Reynolds Rd to the planned new facility has been recorded. Design-Build Entity may have an alternate/more cost-effective solution but if that is the case we can later record a retraction of the easement.</p> <p>The previously-discussed potential secondary emergency access/egress at the North (Meadow Lane) is not anticipated to be needed at this time...site plans have been submitted to the County with alternate secondary access/egress behind the clinic to Brentwood.</p>
Financing		<p>There is a need for easement across the SW corner of Wildwood in order to properly access the new site. Communications are ongoing with Wildwood for that and for an easement for emergency access only through the North-most drive of Wildwood.</p> <p>Much work has been done to vet various avenues to funding the project, with consideration being given to USDA along with public support via ad valorem tax, potential state/local funding, and philanthropy.</p>	
		<p>Measure B on the November 2022 Plumas County Ballot to ask voters within the District to support a General Obligation Bond that would provide up to \$42M in support of the hospital's replacement facility passed with 79% approval. Municipal Adviser (MA) Fieldman Rolapp (FR) has been contracted to provide financial/tax information, and Bond Counsel BBK has been contracted for guidance with logistics and communications during the authoring/approval/placement of bonds as applicable.</p>	<p>No update from 4/27 BOD meeting.</p>
	Ballot Measure		
	USDA Financing	<p>A loan is being pursued from USDA to provide revenue-supported financing for the project.</p>	<p>Drafts Examined Forecast and PAR have been submitted to USDA, and NEPA (see above) are proceeding, as well as work on required forms. Ultimately it is determined that the USDA loan will hold up start of construction by a minimum of a month...we are working diligently to contain that.</p>

			<p>Philanthropy discussions ongoing.</p> <p>Application for Federal Community Project Funding is complete....SPT has identified a Medical Equipment package ask to include Mammo, Ultrasound Butterfly, Ultrasound (to be moved to New CAH), Dexa, c-arm (to be moved to New CAH), and slit lamp (to be moved to New CAH). Awaiting feedback on application/determination.</p> <p>SHD was approved for SB395 funding, and applications have opened, due 6/1.</p>
Schedule	Other Funding	<p>Anticipating a combination of state/federal funds, Philanthropy and public support.</p> <p>Design-Build Entity Validation Phase Schedule provided for 1/26/23 meeting. Construction completing 11/25/25, first patient Q1 2026.</p>	<p>Because the schedule is fully dependent upon maximizing timber removal and grading/site work during the summer of 2023 and resuming building construction Spring of 2024, the effect of the delay of USDA/NEPA is being evaluated by Boldt. We are determining if we can compress the site work this year to still complete construction 11/25/2025 for first patient Q1 2026.</p>

Budget			<p>Construction costs have been validated at \$55.5M by the Design-Build Entity leading to an overall Project Cost (including soft costs) of \$72M. We anticipated having site work GMP at this BOD meeting, but need to push this report to the June meeting, which due to delay from USDA/NEPA doesn't further impact the schedule. This is partially funded by the Measure B bond with the support of the community and anticipated to be partially funded as shared within the Fieldman Rolapp presentation.</p> <p>Note that excluded from these costs is the construction of the Support Services building for which the team is looking at cost efficiencies to have that done by a metal building company. Additionally, the Walk-in Clinic is now planned to stay in its current location.</p>
Design		<p>Design-Build Entity Validation Phase cost model provided for 1/26/23 meeting. Project budget at \$72M.</p>	<p>Site design completed and was submitted 5/18 to Plumas County &amp; CPUD for review. Design Development continues with architectural/interiors meetings having occurred 5/23 &amp; 5/24 and medical equipment planning meetings scheduled 5/31 &amp; 6/1. Exterior design is concepts are as depicted in the provided renderings. Preliminary application has been made to HCAI for initial input, and Building design exteriors will go to HCAI subsequently in July, and interiors in Nov/Dec.</p>
	Design Documentation	<p>The Boldt Company with HGA Architects have been contracted as the project Design-Build Entity (DBE). Contract has been executed with Ross &amp; Baruzzini (R&amp;B), changing company name to Introba, for Medical Equipment Planning &amp; Procurement services. They will be involved in the project through procurement with a decision at a later point if they will also provide installation management (cost defined within their contract as a potential additional service).</p>	Introba has begun to set up Vendor meetings for various larger/architecturally-significant equipment items.
	Medical Equipment Planning		

Construction	Ground-breaking Ceremony	A ground-breaking ceremony is being planned for mid June prior to the tree removal phase of the project.	The timing of the ground-breaking ceremony will depend on when we are able to proceed with timber removal.
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BD-06  
May 10, 2023

**Seneca Healthcare District**  
130 Brentwood Drive  
P.O. Box 737  
Chester, CA 96020

**c/o: Lisa Lazalier**  
Building Rx  
5 Shelter Point Ct  
Sacramento, CA 95831

**SUBJECT: Statement of Qualifications for Biological Consulting Services for the Seneca Healthcare Facility Replacement Project**

As requested by Building Rx, ENPLAN is pleased to submit this abbreviated Statement of Qualifications (SOQ) and the attached scope of work for biological consulting services in support of the Seneca Healthcare Facility Replacement Project (Project).

For over 40 years, ENPLAN has provided environmental, GIS, and related services throughout northern California. Project sites have ranged in size from small urban in-fill parcels to large geographic areas. Having provided consulting services on over 1,700 projects, successfully and efficiently guiding them through the environmental compliance process, the company and staff have earned a reputation for comprehensive, thorough, and conscientious work. In addition, ENPLAN is firmly committed to the presentation of scientific data and planning information in a concise, accurate, easily readable, and non-biased manner.

Our team has extensive field experience, a sound working knowledge of pertinent California Environmental Quality Act (CEQA) and National Environmental Policy Act (NEPA) environmental statutes and policies, familiarity with regulatory agency staff and procedures, and the ability to meet tight time frames. Our in-house document review and quality control assurance by senior-level staff is an integral part of our final product.

ENPLAN is highly qualified to provide biological consulting services to Seneca Healthcare District, specifically in regard to botanical surveys, nesting bird/raptor surveys, and wetland and riparian habitat delineation. We also frequently provide environmental awareness training to contractors and serve as the lead agency's environmental monitor. Additional information about the services we provide can be reviewed on our website at <https://enplan.com/>. Among many other assignments, we are currently providing environmental monitoring services for the City of Mt. Shasta's sewer interceptor replacement project, are completing biological surveys and a wetland screening for a transitional care facility in Redding, and recently provided biological and wetland consulting services, including permit assistance, in support of a skilled nursing facility now under construction in Quincy. Details regarding these and other projects are available upon request.

ENPLAN does not have any litigation, arbitration, or negotiated/settled history with previous clients.

Attached is our proposed Scope of Work, budget, staff resumes, and general cost schedule. Please contact me at **530.221.0440, extension 7102**, if you have any questions regarding our qualification or proposal.

Sincerely,

A handwritten signature in blue ink that reads "Donald Burk".

**Donald Burk**  
Environmental Services Manager

## SCOPE OF WORK

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The proposed project includes the construction of an acute-care hospital and expanded skilled nursing facility for the Seneca Healthcare District (District). The proposed project is located adjacent to the existing Seneca Healthcare Facility on Reynolds Road in the unincorporated community of Chester in Plumas County. Specific work tasks to be undertaken by ENPLAN would consist of the following:

### **Botanical Survey**

ENPLAN will review the Biological Resources Report prepared by Sequoia Ecological Consulting prior to initiating fieldwork in order to obtain information on special-status plant species previously reported in the project area. Other records we will review include those maintained by the U.S. Fish and Wildlife Service (USFWS), California Department of Fish and Wildlife (CDFW), and California Native Plant Society (CNPS). ENPLAN will then conduct a botanical field survey of the study area in general accordance with the CDFW's botanical survey protocols. Most special-status reported in the general project vicinity begin to bloom from mid-May to early June, although blooming periods may be delayed this year due to the unusually cold and wet weather conditions. Given the time constraints noted in the RFP/Q, we will conduct a single botanical survey visit in early June. Plant species observed in the field will be identified to the lowest taxonomic level possible, given seasonal constraints. If special-status plants are observed, the population boundaries will be recorded with a GPS unit, marked for avoidance, and appropriate data forms and maps will be prepared and submitted to the California Natural Diversity Database.

We will prepare a biological report documenting our survey methods and results. Appropriate maps, photographs, data forms, species lists, and other supporting information will be included. The report will be submitted to the District for review. If the District decides that observed special-status plants cannot be avoided, ENPLAN is available to consult with CDFW and/or USFWS and prepare a Mitigation Plan in accordance with Mitigation Measure (MM) BIO-1. However, because the extent of work involved in preparing such a plan cannot be identified at present, mitigation plan preparation would be undertaken under a separate budget agreement.

### **Wetland/Riparian Habitat Delineation**

Wetlands are known to occur immediately adjacent to the project site, while riparian habitat associated with the wetlands extends into the site. In accordance with MM BIO-3, an ENPLAN biologist will identify the boundaries of all wetlands and riparian habitat in the project site and obtain coordinates of the boundaries using a GPS unit with sub-meter accuracy. The biologist will then place high-visibility markings around these environmentally sensitive areas (ESAs). Based on current project plans, it does not appear that construction work would occur adjacent to the ESA; therefore, monitoring of the ESA and adjacent work would not be required. However, if needed, ENPLAN is available to monitor the ESA markings and on-going construction work in proximity to the ESA. This work would be undertaken on a per-visit basis.

### **Nesting Bird Surveys**

MM BIO-2b requires tree and vegetation clearing to be scheduled to occur outside of the migratory bird nesting season (February 1 through August 31). However, if work is to occur during the migratory bird nesting season, in accordance with MM BIO-2b, ENPLAN's biologist will conduct pre-construction surveys to identify active migratory bird and raptor nests within 14 days of the start of project construction. The survey coverage for nesting migratory birds will include all lands within 300 feet of project-related activities that are visible from the site and public right-of-way. Our scope includes a one-day survey of the work area for each of the two years in which construction would occur.

If active nests are identified in or adjacent to the project site, the ENPLAN biologist will identify appropriate no-disturbance buffers prior to start of construction. ENPLAN staff will also be available to periodically monitor the status of nesting activity to determine when the buffers can be eliminated. If work must occur within the buffers, ENPLAN will be available to provide supervision for such work to ensure that it does not adversely affect the nesting birds.

ENPLAN's biologist will also conduct pre-construction surveys for bald eagles and golden eagles within the project site and within a 0.5-mile radius of the project site. MM BIO-2c states that if an active eagle nest is identified within the survey area, a 0.5-mile no-disturbance buffer shall be implemented around the nest until the qualified biologist determines the nest is no longer active. However, the US Fish and Wildlife Service guidance provides flexibility in determining appropriate buffers, and allows as little as a 660-foot buffer from an active bald eagle nest for projects such as the proposed facility. If an active eagle nest is observed, ENPLAN will work with the District and appropriate agency representatives to develop an acceptable buffer.

#### **Environmental Training**

ENPLAN will conduct an annual environmental training to educate the project personnel on relevant special-status species and their habitats, sensitive habitats, and applicable environmental laws and permits. One training session will be provided by a qualified ENPLAN biologist prior to the start of project-related activities, for each of the two construction seasons.

#### **Compensation**

As discussed in the RFQ/P, we understand that project site preparation would commence in June 2023, and that construction would be completed in 2024. The botanical survey, wetland identification, initial nesting bird survey, and initial environmental training would occur prior to the initiation of timber harvest and be completed by June 14, 2023. ENPLAN proposes to complete these tasks in 2023 for a not-to-exceed cost of \$16,000. Additional nesting bird surveys and environmental training would occur prior to initiation of construction in 2024; at the time training is provided, we would also check and refresh the high-visibility markings for the ESA. ENPLAN would complete these tasks for a not-to-exceed cost of \$5,000. Any additional work that may be required, such as preparation of a special-status plant mitigation plan, ESA and nesting bird monitoring, and agency consultations would be conducted on a time and materials basis in accordance with the attached rate and charge schedule.

Enclosures:     General Cost Schedule  
                     Staff Resumes

**COST SCHEDULE****Professional Services**

LABOR CATEGORY	RATE \$/HR
Supervising Principal	220
Environmental Services Manager	200
Environmental Scientist I	150
Environmental Scientist II	125
Environmental Scientist III	110
Environmental Scientist IV	95
Environmental Planner I	150
Environmental Planner II	125
Environmental Planner III	110
Environmental Planner IV	95
Environmental Assessor	150
Principal Investigator/Archaeology	145
Archaeologist I	140
Archaeologist II	115
Field Technician	90
Geospatial Programmer	150
Geospatial Technologist I	150
Geospatial Technologist II	135
Production Manager	75
Accountant	100

**Reimbursables**

Expenses incurred for dataset acquisition, field supplies, document reproduction, shipping, food and lodging are billed at direct cost. Vehicle costs are billed at the current federal rate. Specialists contracted on behalf of client to carry out project-related tasks are billed at direct cost plus 10%. All other operational and incidental expenses are covered under the labor rates indicated.

**Geospatial Data Products**

Aerial imagery, LiDAR, maps and other geospatial products, including prints, are billed in accordance with ENPLAN's current respective price schedules. Fees for custom compilation of maps and other geospatial products are in accordance with the professional services rates above. Reimbursable expenses associated with custom compilation are also billed as above.

Rates subject to change on an annual basis.

**DONALD M. BURK**  
*Environmental Services Manager*

**Education**

M.S. Botany  
California State University, Chico

B.A. Chemistry and Biological Sciences  
California State University, Chico

**Professional Affiliations and Certifications**

California Botanical Society  
California Native Plant Society  
Association of Environmental Professionals

Donald Burk has an in-depth background in a broad spectrum of environmental studies. His academic background includes graduate studies in environmental analysis methodology, biological sciences, and community planning. He has continued his professional development through completion of specialized courses in wetland delineation; wetland impacts and mitigations; vernal pool restoration and creation; noise assessments; Surface Mining and Reclamation Act regulations; erosion control practices; and hazardous materials evaluation and remediation.

As environmental services manager with ENPLAN, Mr. Burk is instrumental in the preparation of environmental documents such as site assessment reports, environmental impact reports, biological studies, and noise evaluations. His responsibilities include project team management, key decision-making, coordination with applicable agencies, and final review of environmental documents. Having worked in the environmental consulting field since 1981, Mr. Burk has the skills and experience to manage studies to achieve reliable data and concise, effective documentation in a timely and cost-efficient manner.

**Representative Experience**

- *CEQA/NEPA Compliance.* Prepared environmental impact reports, environmental impact statements, and other environmental compliance documentation for a multitude of projects, including 516- and 1,244-acre industrial parks; public facilities projects including several sewage treatment plants, a 90-foot-high earthen dam and 15-acre reservoir, a 6-mile-long, 8-lane roadway, other new road corridors, and water supply projects; shopping centers and highway commercial developments; a 10,000-seat church; a 475-acre recreation ranch; ski areas; a softball park; four new schools; a 1-million cubic yard reservoir dredging project; numerous residential developments and many other projects.
- *Environmental Site Assessments.* Managed preparation of Phase I site investigations for a number of commercial and industrial facilities, including about 150 such studies in Shasta County. Investigations have addressed wood-products manufacturing facilities, dry cleaners, medical facilities, ranches, a regional transmission transformer site, automotive shops and service stations, abandoned sewage treatment ponds, a shooting range, office buildings, shopping centers, and other uses.
- *Biological Studies.* Managed preparation of technical field studies, including wildlife and botanical studies for a 1,016-acre site in Sacramento County; fisheries, aquatic macroinvertebrate, and riparian vegetation studies for a 38-mile reach of the North Fork

Feather River; botanical surveys for 175-mile and 265-mile underground telephone cable corridors; botanical surveys for over 2,400 acres on Mount Shasta proposed for ski area development; biological surveys for a 200-acre park site; spotted owl surveys; vernal pool fairy/tadpole shrimp and valley elderberry longhorn beetle assessments; and numerous other projects.

- *Wetland Delineations.* Managed preparation of wetland delineations and/or U.S. Army Corps of Engineers permit applications for a 1,016-acre site east of Sacramento, a 200-acre site in north Redding, a 580-acre site in the City of Weed, a 100-acre site near the Redding Municipal Airport, a transmission corridor project in east Redding, a 78-acre industrial parcel in the City of Benicia, and many other parcels throughout northern California.
- *Noise Studies.* Prepared noise studies for a variety of projects, including numerous traffic corridors; large industrial facilities such as a co-generation plant, food processing plant, and a regional scrap metal recycling facility; recreation facilities such as a new ski area and a community sports complex; many new residential developments; schools; and other facilities. Testified as an expert witness in a court case involving noise generated by electric- and diesel-powered water well pumps.
- *Reclamation Plans/Stream Restoration Projects.* Prepared mine reclamation plans and/or technical studies for projects including an aggregate pit adjacent to Cow Creek in Shasta County, a pumice quarry in Napa County, and underground gold mines in Shasta and Trinity Counties. Managed preparation of a stream restoration project for a reach of the Susan River, which involved hydraulic analysis, preparation of an earth-work plan, supervision of all on-site construction activities, preparation of a revegetation/erosion control plan and supervision of its implementation, and preparation of a monitoring program. Developed a plan, and obtained all agency approvals, for creation of 10 acres of riparian forest habitat along the Sacramento River to mitigate losses on a nearby parcel.

## Publications

Burk, Donald et al. (29 contributing authors). Technical Editors Gary Nakamura, UC Cooperative Extension Service and Julie Kierstead Nelson, USDA Forest Service, Shasta-Trinity National Forest. 2001. *Illustrated Field Guide to Selected Rare Plants of Northern California*. University of California, Agriculture and Natural Resources. Publication 3395.

Luper, J. and D. Burk. 2014. Noteworthy collections: *Froelichia gracilis* (Amaranthaceae). *Madrone* 61(4):413-413.

## **BROOKE MCDONALD**

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Redding, California 96001  
(530) 244-4733  
bmm11@humboldt.edu

Brooke is a biologist and writer-editor with a degree in Wildland Soil Science. She has more than 15 years of experience working on environmental documents. She specializes in soils, watershed management, and wildlife. Her skills include editing and rewriting documents for organization, logic, consistency, completeness, and clarity. She has received training in NEPA, the Endangered Species Act, and other environmental regulations. She has also completed many university-level classes in watershed management, geology, and forestry. In addition, Brooke has performed many wetland delineations and wildlife surveys and has written wetland delineation reports, biological assessments, and biological evaluations

## **EDUCATION**

B.S., Rangeland Resource Science with an emphasis in Wildland Soil Science and a minor in Watershed Management, December 2003, Humboldt State University, Arcata, California

GIS Certificate, Shasta College, in progress

## **OTHER TRAINING AND EXPERIENCE**

Wetland Habitat Restoration Workshop, U.C. Davis Extension, 2005

California Environmental Quality Act Workshop, Association of Environmental Professionals, 2004

Richard Chinn Wetland Delineation Class, 2004

Visual and Auditory Detection Training for Willow Flycatcher, Marbled Murrelet, Spotted Owl, and Snowy Plover, LBJ Enterprises, 2002 and 2003

## **WORK EXPERIENCE**

**Wildlife Biologist.** Quercus Consultants, Inc., Redding, CA, April 2015 to present. Perform bird surveys and nest searches, provide environmental tailboard training, and ensure compliance with a variety of best management practices and environmental mitigation measures for Pacific Gas & Electric Company (PG&E) projects. Work involves travel throughout the wildlands of the North State, including Shasta, Trinity, Humboldt, and Butte counties.

**On-Call Biologist/Technical Editor.** North State Resources, Inc., Redding, CA., Spring 2004 and September 2007 to October 2018. Assessed habitat potential for special-status fish, amphibians, reptiles, birds, and mammals throughout the Angeles National Forest. Performed field work and wrote portions of wetland delineation report for a 40-mile transmission line for PG&E. Prepared project-specific style sheets and edited environmental documents for organization, logic, style, consistency, and clarity. Served as lead editor for several environmental assessments and land protection plans for the U.S. Fish and Wildlife Service, Mountain-Prairie Region. Other editing projects included chapters of the environmental impact statement (EIS) and several technical memoranda for the proposed enlargement of Shasta Dam for the U.S. Bureau of Reclamation, chapters of an EIS/environmental impact report for restoration projects on the Trinity River for the Trinity River Restoration Project, and an environmental assessment/initial study for the Sacramento River Bank Protection Project for the U.S. Army Corps of Engineers. Working offsite at the Sacramento office of HDR/DTA, edited 15 lengthy technical memoranda and wrote sections of a technical memorandum on soils for the relicensing of PG&E's Yuba Bear/Drum Spalding Hydroelectric Project.

pp

**Biologist.** URS Corporation, Santa Barbara, California, April 2006 through August 2007. Performed surveys for breeding birds, red-legged frogs, and desert tortoises. Performed wetland delineations. Assessed habitat potential for threatened and endangered species. Monitored restoration projects. Wrote biology sections of environmental documents and edited environmental documents written by other technical staff.

**Biologist/Soil Scientist.** Live Oak Associates, Oakhurst, California, June 2004 through August 2005. Teamed with botanists to perform wetland delineations and identify wetland plants; assessed habitat potential for special-status species; performed surveys for elderberries, nesting raptors, and burrowing owl and construction monitoring for burrowing owl; wrote soils and wildlife sections of environmental documents; and edited documents written by other technical staff.

**Biological Technician.** LBJ Enterprises, Eureka, California, Summer 2002 and 2003. Performed point counts, area searches, and marbled murrelet surveys; performed snowy plover searches; assisted with willow flycatcher searches; and assisted with banding. Described vegetation using the Releve method. Projects required finding stations with GPS, finding stations at night, and camping alone in remote areas.

## RELEVANT PROJECT EXPERIENCE

**Wetlands Biologist/Writer-Editor – Redington Ranch Wetland Delineation for Proposed Wetland Mitigation Bank, Hewlett-Packard Corporation.** Performed wetland delineation on a 115-acre site for a proposed wetland mitigation bank and verified the delineation in the field with U.S. Army Corps of Engineers. Wrote wetland delineation report.

**Wetlands Biologist/Writer-Editor – Palermo Transmission Line Wetland Delineation and Report, Pacific Gas and Electric Company.** Performed wetland delineation and wrote

wetland delineation report for a 42-mile electricity transmission line. Verified the delineation in field with U.S. Army Corps of Engineers.

**Wetlands Biologist/Writer-Editor** – *Tepusquet Road Bridge Replacement Environmental Impact Report, California Department of Transportation*. Wrote the CEQA Initial Study and biology and soils sections of the EIR for a bridge replacement project along the Sisquoc River in central California.

**Wetlands Biologist/Writer-Editor** – *Road 202 Widening Project, Madera County, California*. Performed wetland delineation on a 5-mile segment of a two-lane road along Finegold Creek and verified the delineation in the field with U.S. Army Corps of Engineers. Wrote wetland delineation report.

**Wildlife and Wetlands Biologist** – *Gas Pipeline and Electrical Transmission Line Projects, Pacific Gas and Electric Company*. Over the past five years, performed wetlands, wildlife, and nesting bird surveys along pipeline and electric transmission line alignments on private and public lands, including Forest Service land. Led tailboard training sessions and monitored construction to ensure avoidance of sensitive resources.

**Writer/Editor** – *Multi-Year On-Call Writer-Editor Contract, U.S. Fish and Wildlife Service, Mountain-Prairie Region*. Edited the following documents under employer's \$1 million, five-year writer/editor contract with the Mountain Prairie Region of the U.S. Fish and Wildlife Service: Internal Draft, Public Draft, and Final Comprehensive Conservation Plan and Environmental Impact Statement for San Luis Valley National Wildlife Refuge Complex; Draft and Final Interim Elk Management Plan and Environmental Assessment for San Luis Valley National Wildlife Refuge Complex; Internal Draft and Public Draft Environmental Assessment and Land Protection Plan for Proposed Southern Laramie River Conservation Area; Internal Draft, Public Draft, and Final Environmental Assessment and Land Protection Plan for Proposed Wyoming Toad Conservation Area; Internal Draft, Public Draft, and Final Environmental Assessment and Land Protection Plan for Rainwater Basin Wetland Management District Expansion; Internal Draft, Public Draft, and Final Environmental Assessment and Land Protection Plan for Bear River Watershed Conservation Area; Internal Draft, Public Draft, and Final Environmental Assessment and Land Protection Plan for Sangre de Cristo Conservation Area; and Internal Draft, Public Draft, and Final Environmental Assessment and Land Protection Plan for Rocky Flats National Wildlife Refuge

**Writer/Editor** – *Jordan Cove Energy Project and Pacific Connector Gas Pipeline Environmental Impact Statement, Federal Energy Regulatory Commission*. Co-wrote the Aquatic Conservation Strategy appendix. The PCGP will cross Forest Service land in southern Oregon.

**Writer/Editor** – *Shasta Dam Enlargement Environmental Impact Statement, U.S. Bureau of Reclamation*. Edited several technical appendices for style, consistency, grammar, and readability. The objective of this project is to increase the water supply for downstream water users. The Forest Service is a cooperating/responsible agency for this project.

**Writer/Editor** – *Contra Loma Reservoir and Recreation Area Resource Management Plan and Environmental Impact Statement, U.S. Bureau of Reclamation*. Edited the RMP, EIS, and Biological Assessment for a central California reservoir.

**Writer/Editor** – *Don Pedro Dam Relicensing Environmental Impact Statement, Federal Energy Regulatory Commission*. Prepared project-specific style guide and edited EIS, technical appendices, and Record of Decision for the relicensing of PG&E's Don Pedro Project in central California.

**Writer/Editor** – *Various Resource Studies Supporting Yuba-Bear/Drum-Spaulding Hydroelectric Projects/Rollins Transmission Line Project Relicensing, HDR|DTA on behalf of Pacific Gas and Electric Company (PG&E)*. Contributed to style sheet for the projects and edited 15 lengthy technical memoranda for style, consistency, grammar, and clarity.

**Writer/Editor** – *North Fork Feather River Environmental Impact Report, California State Water Resources Control Board*. Prepared glossary, compiled and edited references, proofread EIR chapters, and maintained administrative record. The objective of this project is to decrease water temperatures in the Feather River downstream of PG&E's Canyon Dam to improve habitat for anadromous fish. The Feather River in the project area crosses Forest Service land.

**Writer/Editor** – *Environmental Assessments/Environmental Impact Reports for Trinity River Mechanical Channel Rehabilitation Projects, U.S. Bureau of Reclamation, Trinity River Restoration Program*. Edited portions of three NEPA/ CEQA documents for style, consistency, grammar, and readability. BLM served as co-lead agency for these projects. The objective of the channel rehabilitation projects is to improve habitat conditions for anadromous fish. The Forest Service was a cooperating agency for these projects.

**Wildlife Biologist** – *Angeles National Forest Proposed Firebreak Project, U.S. Forest Service*. Performed wildlife surveys at numerous sites in the Angeles National Forest for proposed firebreak sites.

**Writer-Editor/Biologist** – *Yreka Creek Greenway Master Plan Environmental Impact Report, City of Yreka, California*. Wrote the fisheries section of EIR for a channel restoration project.















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**BENECA**  
HEALTHCARE DISTRICT  
130 BRENTWOOD DR  
CHESTER, CA 94629

CRITICAL ACCESS  
HOSPITAL - SKILLED  
NURSING FACILITY



NO.	DESCRIPTION	DATE
1	REVISION	11/13/2013
2	REVISION	11/13/2013
3	REVISION	11/13/2013
4	REVISION	11/13/2013
5	REVISION	11/13/2013
6	REVISION	11/13/2013
7	REVISION	11/13/2013
8	REVISION	11/13/2013
9	REVISION	11/13/2013
10	REVISION	11/13/2013
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13	REVISION	11/13/2013
14	REVISION	11/13/2013
15	REVISION	11/13/2013
16	REVISION	11/13/2013
17	REVISION	11/13/2013

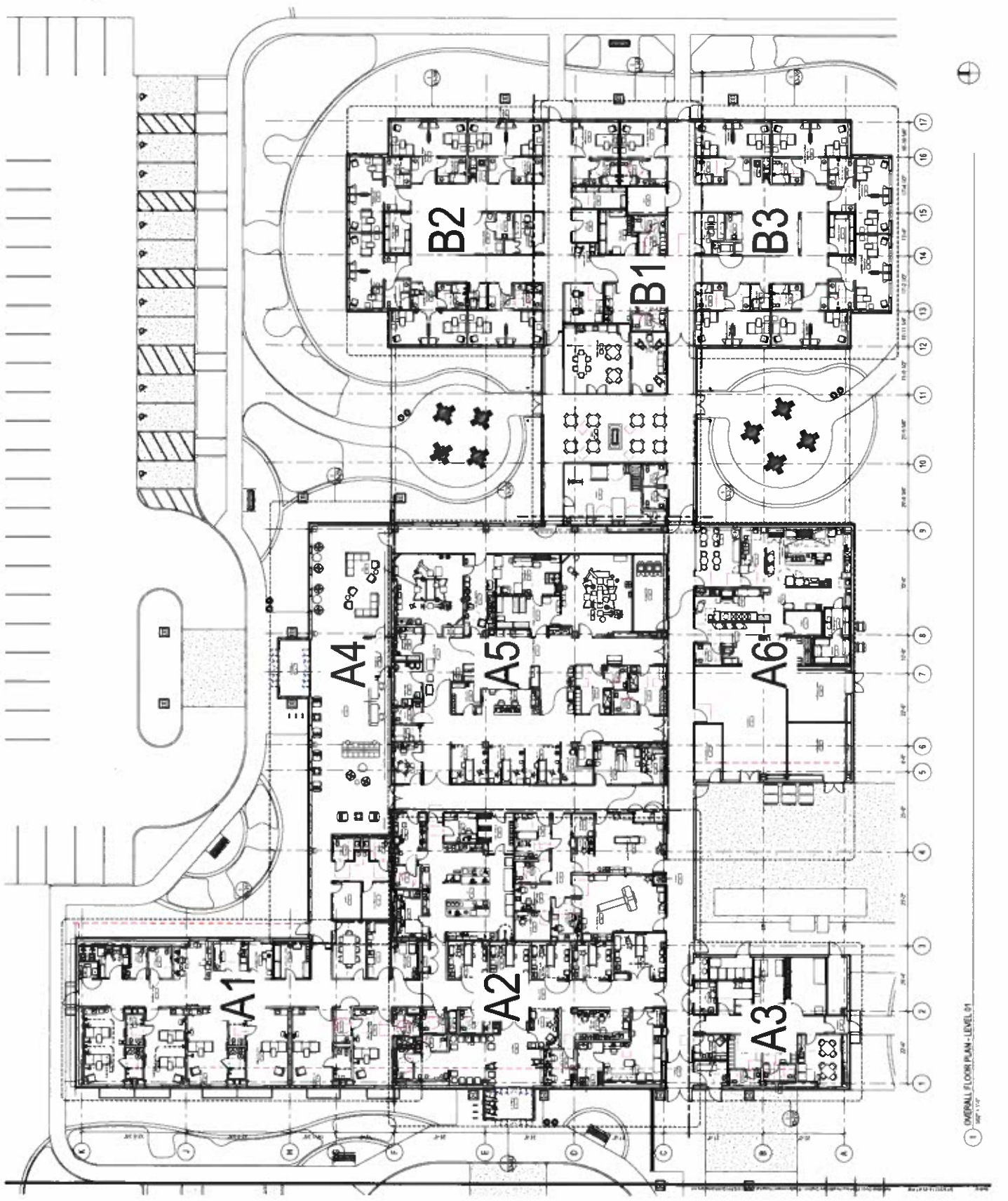
OVERALL  
FLOOR PLAN

SCALE: 1/8" = 1'-0"

DATE: JUNE 29, 2012  
DESIGN DEVELOPMENT

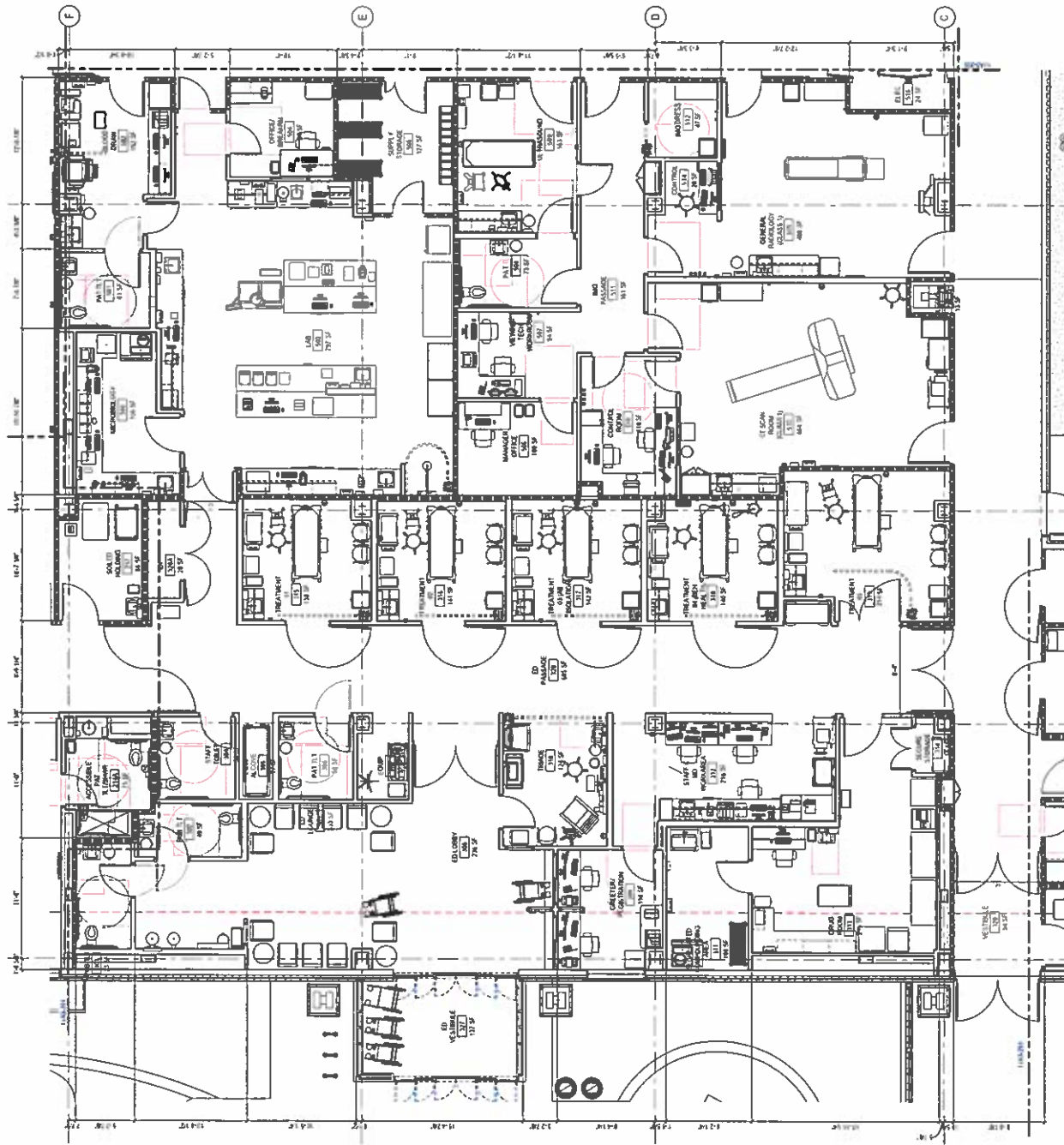
**A3-200**

SCALE: 1/8" = 1'-0"



1. OVERALL FLOOR PLAN - LEVEL 01  
SCALE: 1/8" = 1'-0"





FLOOR PLAN - AREA A2

GENERAL NOTES - FLOOR PLAN

- A. ALL INTERIOR PARTITIONS SHALL BE "X" UNLESS NOTED OTHERWISE.
- B. PARTITIONS SHALL BE SET BACK FROM THE FACE OF THE PARTITION BY 1/2" UNLESS NOTED OTHERWISE.
- C. PARTITIONS SHALL BE SET BACK FROM THE FACE OF THE PARTITION BY 1/2" UNLESS NOTED OTHERWISE.
- D. PARTITION SHALL BE SET BACK FROM THE FACE OF THE PARTITION BY 1/2" UNLESS NOTED OTHERWISE.
- E. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- F. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- G. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- H. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- I. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- J. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- K. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- L. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- M. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- N. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- O. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- P. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- Q. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- R. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
- S. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.
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- Z. COORDINATE FURNITURE-RELATED ELECTRICAL LAYOUT WITH FURNITURE VENDOR.

HGA

1000 S Street, Suite 300  
San Francisco, CA 94103  
Tel: 415.774.1500

**BOLDT.**

STRUCTURAL ENGINEER

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LOS ANGELES, CA 90012  
Tel: 213.444.1111

MECHANICAL ENGINEER

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CONSTRUCTION PLAN LEGEND

SYMBOL	DESCRIPTION
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- OVER THE DOOR LOCATIONS AND LEGEND FOR ADDITIONAL INFORMATION
- INTERIOR PARTITION HAS SEE PARTITION SHEET FOR ADDITIONAL INFORMATION
- WINDOWN HAS SEE DOOR SCHEDULE AND LEGEND FOR ADDITIONAL INFORMATION
- TACTILE (E-G) SIGNAGE

**BENECIA**  
HIGHLIGHT DISTRICT  
130 BRENTWOOD DR  
CHESTER, CA 94529

CRITICAL ACCESS  
HOSPITAL - SKILLED  
NURSING FACILITY



NO.	DESCRIPTION	DATE
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
10	REVISION	

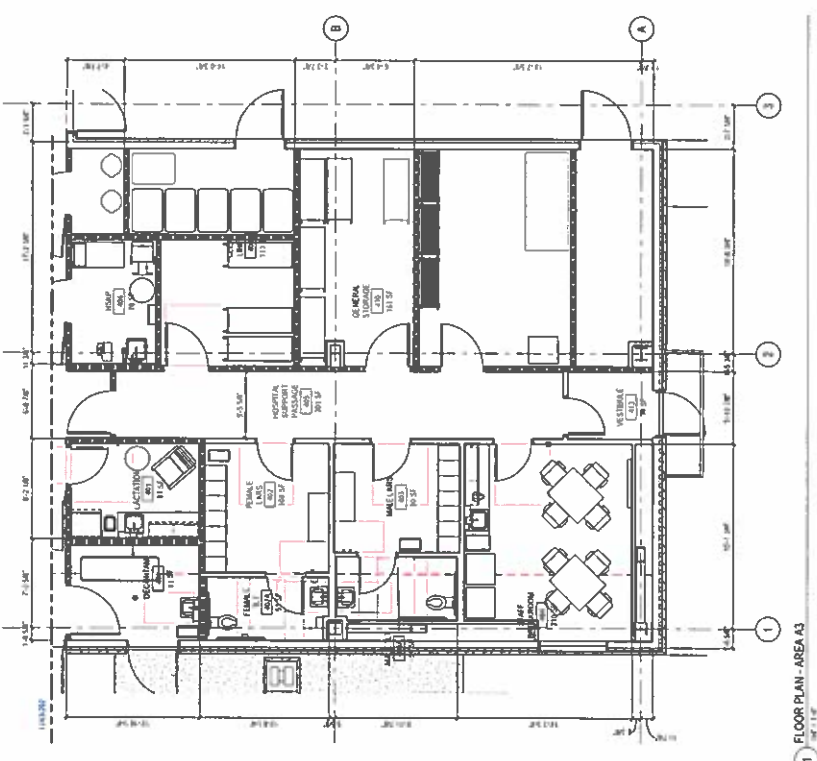
HGA HQ  
1372 34th St  
San Francisco, CA 94114  
Tel: 415.774.1500

**FLOOR PLAN - AREA A3**

DATE: JUNE 29, 2023  
DESIGN DEVELOPMENT

**A3-203**

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1 FLOOR PLAN - AREA A3















May 25, 2023

## **Seneca Healthcare Board of Directors Meeting CEO Report**

### **Monthly Updates:**

#### **New Hospital Build Effort:**

Last week, the Plumas County Planning Commission unanimously approved our zoning change and general plan amendments sending it forward to the County Board of Supervisors (BOS) June 6, 2023 meeting. We do not expect any issues with the BOS therefore nearing conclusion with our County requirements for commencing the project. We have begun our dialogue with LAFCO as next steps.

Our financial forecast in DRAFT has been completed by WIPFLI with very positive results as it pertains to our projected financials laid against what will be Seneca's debt service. This forecast has been sent to the USDA for evaluation. We are also working to provide the USDA template for environmental impact in the form of an Environmental Assessment (EA). This has resulted in added cost to transfer information from the CEQA document into the USDA format. The EA will be used by the USDA to issue a "Finding of No Significant Impact" (FONSI) by which we will be cleared for USDA funding application consideration.

These efforts have had an impact on our ground breaking timeline. If all goes well, we should now see timber harvest beginning the middle of July. Following timber harvest, we will be seeing the grading and infrastructure work throughout the summer and fall months.

We continue to put the final touches on the departmental design where the work is very detailed... (down to the location of trash cans). This work is near completion and will result in final renderings that can be used for public awareness and promotion.

#### **Legislative updates:**

Several bills have been introduced into the legislature that will be tracked by Seneca and our advocacy associations. The most pressing are two (2) specifically impactful bills to watch carefully.

1. AB 869 – The bill has been moving through mark-up and amendments and was scheduled for its third Assembly reading May 24, 2023 – Continue tracking
2. SB 525 – Similar to AB 869 this bill is also in the third reading May 24, 2023.

#### **Clinic Centralization Project:**

**Centralized Patient Reception and Registration** – Centralization has been completed with Dr. Walls office transitioning on May 22, 2023. We are continuing to monitor workflow and adjust as needed



May 25, 2023

**Seneca Campus updates:**

**Clinic Parking-** The plant operations team has been busy removing and installing signs and painting new directional signage around the clinic in preparation for the coming construction control zone. The “One Way” direction around the clinic will be closed off at the North side to accommodate construction fencing and controlled access to the work site. As of June 1, 2023 – Staff parking will be in the back of the clinic. Parking spaces in front of the clinic entrance will be for patients ONLY.

**Lake Almanor Clinic Signage -** New signage has been installed outside the Lake Almanor Clinic. The new signs are directional for visitors entering the campus on Reynolds road to ensure directional accuracy to the Emergency Room and Hospital. The individual provider signage will be installed at the main entrance to the clinic. We have also installed a “Provider Only” and “Law Enforcement Only” signs at the back of the hospital next to the ER/Ambulance entrance to the facility.

**LTC Patio Furniture –** The Seneca Auxiliary has funded multiple new and needed equipment for the hospital. We have received and deployed the new LTC patio furniture which was funded through the Auxiliary contributions.

**Physician & Mid-level Recruitment Update:**

Continues

**Seneca Healthcare Campus Upgrades:**

LTC renovation continues



MAY 2023

## Seneca Healthcare District Board of Directors Meeting

### CNO Report

#### COVID and Other Public Health Updates:

#### Plumas County COVID-19 By the Numbers:

- Current COVID-19 Community Level in Plumas County=There are no numbers!
- CDC now recommends that counties use COVID-19 hospital admission levels to guide prevention decisions. Currently the Plumas County COVID-19 hospital admission level = **LOW**

CDC COVID-19 Hospital Admission Levels	SHD Masking Requirements
<b>LOW</b>	Masking is not required. Admission COVID testing not required (unless patient to be admitted exhibits s/s of COVID). SHD COVID testing for outpatient endoscopies/colonoscopies will follow the Hospital Admission Level guidelines. SHD will continue pre-procedure COVID testing for general surgery.
<b>MEDIUM</b>	*Staff masking required when entering a patient/resident's room or when in close contact with patient/resident (within 3 feet). **COVID test and result required in ER prior to hospital admission.
<b>HIGH</b>	*Masking required inside the hospital or clinic for those with possible patient/resident contact. Patients/Visitors masking required. **COVID test and result required in ER prior to hospital admission.

#### Termination of state and federal declaration of emergency:

The Department of Health and Human Services (HHS) ended the federal Public Health Emergency (PHE) for COVID-19, at the end of day on May 11, 2023. This has led to a great deal of unanswered questions regarding COVID-19 testing, masking, and symptom surveillance.

Seneca remains committed to taking a very conservative approach to protecting our patients, our residents, and our workforce. The above table will be posted at employee entry sites.

The “HHS Bridge Access Program” plans to continue to maintain broad access to COVID-19 vaccines for uninsured individuals. It is anticipated that commercialization for vaccines and treatments will follow traditional health care models. This means there will be expenses to insured individuals like the costs one may incur for other drugs, testing, and treatments through traditional insurance coverage.

**Cerner Project:**

Integration Testing session #3 was held during the week of 5/15/23. This was an internal test of our processes and charges. Brian Churchill to give a formal report on this testing.

**New Critical Access Hospital:**

Design Development of our internal spaces has continued during the week of 5/22/23. External design and landscape are well underway.

Medical Equipment planning will continue during the week of 5/29/23. We have had a few “vendor days”, both virtual and in person. We are currently evaluating surgical equipment (lights/beds/booms) and physiologic monitoring equipment.

**Nurses Week Celebration:**

Nurses’ Week was from 5/06/23-5/12/23. Nurses’ Week is always planned around the birthday of Florence Nightingale—her birthday is May 12<sup>th</sup>. This was a fun week planned by many of our nurse leaders—for not only our nurses but also for all our employees who make our mission possible.

**Regulatory Updates:**

No Regulatory Updates.

**Seneca Auxiliary Luncheon:**

The Annual Seneca Auxiliary Luncheon is planned for Wednesday, June 14<sup>th</sup> at 11:00 am. The Auxiliary will hold their general meeting followed by a luncheon presented by our Executive team and the department leaders who benefited from this year’s “wish list”—Education, ED, Laboratory, and LTC. Due to space constraints, the luncheon is by invitation only.

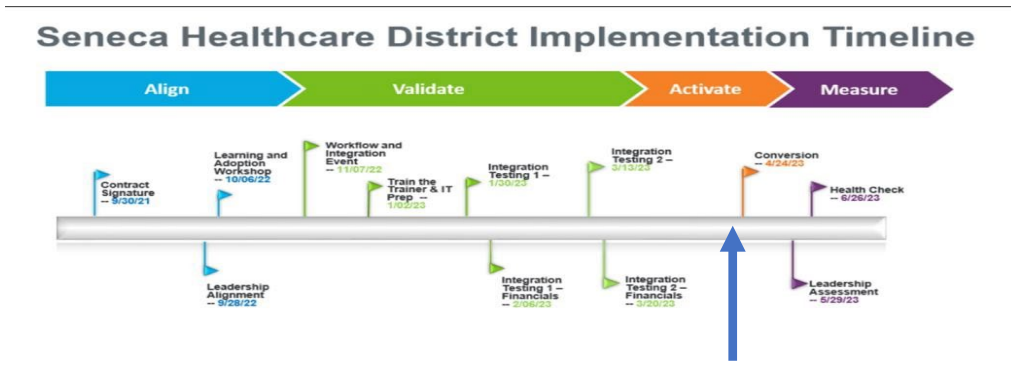
A “Hawaii Day” luncheon for LTC residents and guests scheduled for 5/25/23 with special Hawaiian menu will be held on the LTC patio. The residents are enjoying the new patio furniture and garden beds purchased by the Seneca Auxiliary.

Respectfully submitted,

Judy Cline, MSN, RN, PHN

Chief Nursing Officer





## **Cerner Conversion Notes for May Board Meeting.**

### **Go Live Date moved to Monday 6/5/2023**

- **Weekly Meetings will continue as scheduled.**
- **Have Engaged Cerner Rapid Response Team Meetings on Tuesday and Thursday**
  - This will ensure the timely completion of Cerner Tasks.
- **Unit Testing Needs to be completed ASAP.**
  - Combining Tech and Prof Fees in Radiology has delayed this completion.
- **Internal Integrated Testing (IT3)**
  - 3<sup>rd</sup> Integrated Tested scheduled for the week of 5/15/2023
    - Patients Selected
      - On Acute Patient will be run 2x (day and Night Shift)
      - 2 Surgery Patients (Endo/General) will also be run through the Clinic.
  - Staff will be conducting this testing; the Super Users will assist only.
    - Please select the team to work on IT3, and It will begin Tuesday, 5/16/2023
    - This will function to ensure all known issues are resolved.
    - Ensure the Training of the Staff was effective.
    - Cerner will have a couple of weeks to solve any issues discovered in 3<sup>rd</sup> round.

## List of Staff: Additions & Deletions

**April 1-30, 2023**

Activity/Event	Name	Status	Job Title	Start/End Date
<b><u>ADDITIONS</u></b>	Julia Andersen	FT	CNA	04/24/2023
	Rebecca Holland	FT	CNA	04/24/2023
	Dani Gagne	PT	Kitchen Helper	04/24/2023
<b><u>CONDITIONAL ADDITIONS</u></b>	None			
<b><u>DELETIONS</u></b>	Rick Gullotto	FT	ER RN	04/05/2023
	Rebecca Holland	FT	CNA (employee never started)	04/24/2023
	Chelsea Major	FT	Policy & Procedures Coord.	04/26/2023

### Open Positions for April 2023:

- Registered Nurse (Full Time, Part Time, Per Diem) (Acute & ER experience preferred)
- LVN (Full Time, Part Time, Per Diem)
- CNA (Full Time, Part Time, Per Diem)
- Respiratory Therapist (Per Diem)
- Clinic Director (Full Time)
- Clinic Coordinator/Administrative Assistant (Full Time)
- Clinical Laboratory Scientist (Full Time, Part Time, Per Diem)
- Housekeeper (Per Diem)
- Surgical Technician (Part Time, Per Diem)
- Diet Aide/Kitchen Helper (Per Diem)
- Maintenance Worker (Full Time)

**Corie Kribs, HR Assistant**



# Seneca Healthcare District NEWSLETTER

## Spring Has Sprung

BY STEVE BOLINE, CFO

They say April showers bring May flowers, but nothing about what four months of non-stop snowfall brings! Well, so far, it is bringing creeks and rivers running strong, full reservoirs and lakes, and lush green golf courses. It should be a great summer of fun, here in the Lake Almanor basin, and a reminder of why we live here.

In addition to enduring a record winter snowfall, things have been incredibly busy at Seneca; especially here in the finance department. First and foremost, we continue with the implementation of two information systems (Multiview and Cerner). We went live with Multiview on 12/1/202 and are just now getting our groove with the processing of accounts payable transactions and performing month-end financial closings. Cerner, on the other hand, continues to provide us with numerous challenges, which has led us to push out the go-live date from April 24th to June 5th. The primary reason for the deferral of the go-live was the status of the system build. As the system was not fully built, we were unable to conduct the necessary charge and claims testing prior to our original go-live date. There were other factors involved, as well, and we continue to work diligently with Cerner to get these sufficiently resolved.

We also continue to work on the new hospital build, with the finance department focused on the USDA loan application and the funding structure for both our interim and permanent financing.

The new hospital will have a total project cost of approximately \$72 million dollars with \$42 million coming from the Measure B bond initiative, \$23 million from Seneca backed debt, and \$7 million from Seneca cash reserves. We will seek private financing for the interim/construction period loans and utilize USDA backed loans for the permanent financing. We will be submitting our USDA loan application in the next month or so and are looking to obtain approval by no later than the end of September.

In addition to working on the above matters, the Seneca finance department was very pleased to provide two financial benefits to our employees, over the past month. First, we were able to distribute the Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payment program funds received from the State of California. Second, on this week's payroll, Seneca's full and part-time employees will be receiving the union negotiated wage increase of 3%. This increase will be applied retroactively to 1/1/23, resulting in a lump-sum payment, and will be reflected as the employees' new hourly rate going forward.

Happy Spring!

Janelle, Kristin, Sarah, Sheri, and Steve

### PAGE 2

Notes & News

### PAGE 3

The Staff Corner

### PAGE 4

Departmental  
Updates

### PAGE 5

General Updates

MAY 2023

NEWSLETTER





# NOTES & NEWS

If you missed the memo about changes to the parking and traffic flow around the facility during constriction, check in with Linda McCurdy and she can help explain what will be happening!

Thank you, Jay, Scott, George, and Linda for all your help with this project.



## MAY WORK ANNIVERSARIES

### 1 Year

May 23rd - Catie Neely  
May 18th - Hailey Gregor

### 2 Years

May 24th - Suzanne Cooper  
May 24th - Erica Thayer

### 5 Years

May 7th - Renee Merino  
May 21st - Michelle Burt

### 10 Years

May 10 - Kandis Powell

### 15 Years

May 9th - Terry Christofferson

### 22 Years

May 18th - Sherri Kassel

### 29 Years!

May 2nd - Mary Garrett

## New Patient Portal ~ My Seneca

The new patient portal with the go-live will be called My Seneca. Emails will be important for patients to provide during registration to be set up in our new patient portal. The existing patient portal will remain live until October for patients to access previous records. After that, patients can always call HIM and request their records.



# The Staff Corner

## Employee of the Month: *Marty Robie*



MAY EMPLOYEE OF THE MONTH

It is with true sadness that as we acknowledge the outstanding job Marty has been doing as our Purchasing Assistant, we must also prepare to say Goodbye. Marty and her husband are making Colorado their new home and as a result, SHD is losing a spectacular employee and all-around amazing person! While we wish them nothing but the best in their new adventure, it is bittersweet for us. We will most definitely feel the impact of losing such an awesome team player, dedicated worker and, most importantly, we will miss having Marty as part of our SHD family. Thank you for the time and dedication you have given us Marty, your shoes will be hard to fill and you will be greatly missed.

Nominated by: Kristin Courtright



### WELCOME TO SENECA HEALTHCARE DISTRICT



**Julia Andersen**  
Clinic Nursing Assistant



**Dani Gagne**  
Kitchen Helper/Diet Aide

## New Employees: April/May

Hello! My name is Julia Andersen and I am a CNA. I am originally from Vacaville, but moved up to Lake Almanor in 2019 because my parents bought a restaurant up here. I want to eventually go back to school and complete my RN degree as well! I am very excited to be a part of this team!

Hi, my name is Dani. I've been all over the country, but Plumas county is the only home for me. I love being outdoors and going to the many lakes we have around the area. Everybody that I have met has been super kind and welcoming. I'm very happy to be a part of the team. I look forward to many years to come with all the great faces I am getting to know.

*Welcome*

# Departmental Updates

## Skilled Nursing

- New resident, Ms. Anna Mae
- Hired a new CNA, Juila
- Room 12 renovation is complete, working on the last one currently.



## ASK THE EXECUTIVES!

Do you have a burning question for our Executive Team?

Maybe something that you've always wondered about, but never got a chance to ask?

Now's your chance: your CEO/CNO/CFO will be answering YOUR questions each newsletter, you just need to submit them!

Send any questions to Deborah in Administration before the 1st of the month: [dhousen@senecahospital.org](mailto:dhousen@senecahospital.org)

## Take the Time to Introduce yourself!

*This one is so important... we decided to share it again!*

*We want to encourage ALL employees to practice using AIDET. AIDET is a useful strategy to improve communication for the healthcare team. Studies show that using AIDET helps to increase overall patient satisfaction*

## AIDET: Five Steps to Achieving Satisfaction

AIDET is a framework for you, as staff, to communicate with patients and their families as well as with each other. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable. It can also be used as we communicate with other staff and colleagues.

**Acknowledge:** Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

**Introduce:** Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

**Duration:** Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Be polite, helpful, and understanding.

**Explanation:** Advise others what you are doing, how procedures work, and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"

**Thank you:** Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance. Use reward and recognition wording.

**Working together and improving our own communication, we can provide the best patient experience here at Seneca, and communicate effectively with our coworkers!**



# Departmental Updates Continued...

## Compliance or Privacy Reporting

If you have privacy or compliance concerns to report, please call:

**Charlene Almocera**

**(833) 227-3743/Internal Ext. 1516**

To report anonymously, please leave a message at:

**Compliance Hotline**

**(833) 227-3743 / Internal Ext. 1525**

We also have blank compliance forms for you to complete and drop into one of the Compliance Drop Boxes next to each Time Clock. Concerns or reports submitted are all investigated without fear of retaliation to the reporting employee. We prefer that you leave your name so that Compliance can respond to you timely with the status of your report as some issues may take longer to investigate and work through remediation.



SENECA HEALTHCARE DISTRICT

*Presents*

**NURSES' WEEK CELEBRATION: MAY 8TH THROUGH MAY 12TH**



**MONDAY, MAY 8**

**Nurse Survival Kits**



Presented by the nurses of our Education Department and Lake Almanor Clinic



**TUESDAY, MAY 9**

**Word Scramble & Treat**



Presented by the nurses of Infection Prevention and Long-term Care



**WEDNESDAY, MAY 10**

**Nurse Bingo Day**



Presented by the nurses of Care Coordination and Surgical Services



**THURSDAY, MAY 11**

**Emoji Day**



Presented by the nurses of Acute Care and Emergency Department



**FRIDAY, MAY 12**

**Florence Nightingale's Birthday**



Presented by Administration

*Join us!*

Thank you to  
Nursing  
Management that  
helped to make this  
week special for  
everyone!

BEING A NURSE IS A PROFESSION FULL OF CHALLENGES, WE

# HEALTHCARE DISTRICT

## General Updates

### Centralization

Our staff and community have seen a lot of positive changes happening at Seneca recently and we are excited to announce the transition to centralization for the entire clinic.

We want to make staff aware of the improved registration process we are implementing at the clinic. The clinic is switching to a centralized healthcare system, which we have already started implementing with many of our provider offices and found great success. This includes centralized referrals, authorizations, scheduling, and more. We are hopeful that this process will improve overall patient access, services and satisfaction.

The Lake Almanor Clinic will begin use of the new centralized check-in system for all patients, Monday, May 22, 2023. Committed registration staff will assist patients with check-in, help guide patients to and from the provider's office and work with patients to collect copays and schedule follow-up appointments.

As of Monday, May 22, 2023:

- All patients will enter through the main clinic entrance.
- Due to upcoming construction, there will soon be construction fences blocking parts of our parking lot. Parking in front of and entering the main clinic doors will allow patients safe easy access to the different provider offices.
- Registration/check-in will take place at the main desk in the clinic for all patients.
- Once appointments are complete, all patients will exit through the main entrance in the walk-in clinic.

### June Holidays:

- June 15–21 – National Nursing Assistant Week
- June 14 – National Career Nursing Assistant Day
- June 14 – Flag Day
- June 16 – National Career Nursing Assistants' Day
- June 18 – Father's Day
- National Safety Month

### Community Wellness

#### Postponed:

The community wellness screenings have officially been postponed. We will release new dates for the screenings in mid-June. We are anticipating these to be rescheduled for the beginning of September. For more information on the Wellness screening please call 1(833)-227-3743 or email [info@senecahospital.org](mailto:info@senecahospital.org) information can also be viewed on our website at [senecahospital.org/wellness](https://senecahospital.org/wellness)

## Current Projects Update May 2023

- **New Build Campaign /Philanthropy**

- Donor Tree/Heavy Timber
  - I have spoken with Tera Several times about this tree and Collins is excited to work with us on this. We are waiting for Bolt to have the final specs for the wall and the mall so we can start producing designs for the donor tree.
  - We have also spoken with Eric about the possibility of Collins milling some of the heavy timber for the new build. We are waiting for specification for this from Boldt as well and then we will meet with Collins and talk more about this.
- Continuing tracking donations and what donors will be eligible for bricks and leaves.
- The application for the federal earmark fund has been submitted and is under review. There have been no updates, I am expecting to have something in the next few weeks. *There is no further update regarding the earmark funds at this time.* Last time I spoke with Brandon from Kevin Kiley's office it sounded like the commissions for rural development and healthcare may not accept applications this term.
- Donor Brief: We are waiting for the new renderings and final design before adding this information to the donor brief. The images for this should be available any day now.

- **General Marketing**

- Radio Ad: A new radio ad started in May of 2023. This will air for a month and then in June we will start airing the radio Ad from our PHESI program.
  - Student Radio Ads, as part of the PHESI program, each student created a radio ad. We will be selecting the top 3 ads and giving the students a Seneca jacket and hat as a prize and airing their ads on the radio. We have some great submissions **Please see attached.**
- LACC Newsletter - Continual updates are released and ads in the LACC, we are also advertising in the highlife magazine.
- Highlife magazine – ads have been placed in the highlife magazine for the summer months.
- MVL Magazine – quarterly ads are going out with them, and we also have a banner ad on their website.
- Ravenlight Productions continued from last month...
- New Build Update
  - Planning for the shovel ceremony has been paused we are waiting on information back from USDA before proceeding with this further
    - We are working with Boldt to get logo hardhats for this and the job site.
    - We will invite the board members & community to join us for the shovel ceremony and we will also reach out to leaders of the community, county and more to invite them.
  - We will continue to update the community on the timeline of the build and our progress.
- Website Updates
  - Transparency Pricing Link is completed and live – a Did you know will go out to the public on 5/23/22 **See attached**
  - Updates for the new patient portal on the website are being worked on and will be ready to go live with Cerner go live. The new Patient portal MySeneca is designed and now I am working on completing the information for patients on

how to log in and how to access.

- MySeneca will be the name and the patient portal logo will be the following.



- **Signage for Hospital**

- Exterior signs Installed. I am working with a metal fabricator and local sign company to replace the hanging signs in front of the walk-in clinic.
  - Directional signage outside of the clinic is installed and two more signs have been ordered for parking and family practice.



- - Interior Signage
    - Directional signage for the clinic completed and is now easy to update and looks professional. As we make changes or add providers these signs are easy to update.
    - Additional signage being ordered for Heather Smith PA.

- **Provider Recruitment**

- I am going to begin work with Jerri on creating a PD for this and facilitating with further provider recruitment.
  - Imagery is being worked on.



- **Patient/Public Relations**

- Information is being released on the centralization taking place in the clinic.
  - We have mailed a letter to patients with appointments in the next month to Dr. David walls and a press release is scheduled to be released on Monday 5/22/23.
  - As of Monday, the 22, all patients will enter through the main clinic doors. **See Attached**

- **NRC Comments**

- Marketing continually works with Care Coordination and Department Managers to help address NRC comments and concerns.

- **Community Wellness Screenings:**

- More information is coming soon.

Attachment 1:

**STUDENT AD 1 – BETHANY WITH PLUMAS CHARTER**

THIS NATIONAL WOMENS HEALTH MONTH, SENECA HEALTHCARE DISTRICT WOULD BE DELIGHTED TO ASSIST YOU. YOUR HEALTH CARE IS IMPORTANT AND HEALTHCARE IS WHAT WE DO. TO MAKE AN APPOINTMENT CALL SENECA AT 1(833) CARESHD THAT 1(833)-227-37-43. SERVING CHESTER AND THE LAKE ALMANOR BASIN WITH QUALITY HEALTHCARE FOR OVER 70 YEARS.

**STUDENT AD 2 – KATARINA WITH WESTWOOD HIGH SCHOOL**

SENECA HEALTHCARE DISTRICT WOULD LIKE TO INFORM YOU THAT THE MONTH OF JULY IS UV SAFETY MONTH. SO, WHILE YOU'RE OUT HAVING A BLAST IN THE LOVELY WEATHER, DON'T FORGET YOUR SUN PROTECTION. AND IF YOU DO, DON'T WORRY, WE'VE GOT YOU COVERED. STOP BY TODAY TO GET HELP WITH THAT ACHING SUNBURN. 199 REYNOLDS RD IN CHESTER. OUR WALK-IN CLINIC IS OPEN MONDAY THROUGH FRIDAY FROM 8 AM TO 5 PM. SERVING CHESTER AND THE LAKE ALMANOR BASIN WITH QUALITY HEALTHCARE. (THIS AD WAS CREATED BY \_\_\_\_\_ WITH \_\_\_\_\_ HIGH SCHOOL AS PART OF )

**STUDENT 3 – GENESEE WITH WESTWOOD HIGH SCHOOL**

WITH THIS SUMMER HEAT, SENECA HEALTHCARE DISTRICT INVITES YOU TO CELEBRATE NATIONAL HYDRATION DAY ON JUNE 23, 2023. WERE HERE TO REMIND YOU TO STAY HEALTHY, HYDRATED AND SAFE THIS SUMMER. WHEN IT COMES TO YOUR GOOD HEALTH, COUNT ON SENECA TO SERVE THE LAKE ALMANOR BASIN WITH QUALITY HEALTHCARE. TO SCHEDULE AN APPOINTMENT PLEASE CALL THE CLINIC AT 1-833-CARESHD THAT'S 1(833) 227-37-43 (THIS AD WAS CREATED BY \_\_\_\_\_ WITH \_\_\_\_\_ HIGH SCHOOL)

**STUDENT 4 – GINA WITH CHESTER HIGH SCHOOL**

DID YOU KNOW THAT JUNE IS MEN'S HEALTH MONTH? AT SENECA HEALTHCARE DISTRICT WE ARE COMMITTED TO PROVIDING QUALITY HEALTHCARE IN CHESTER AND THE LAKE ALMANOR BASIN. MAKE AN APPOINTMENT FOR A GENERAL HEALTH CHECKUP BY CALLING 1(833)CARE SHD THAT'S 1(833)-227-37-43. DON'T FORGET TO VISIT SENECA HEALTHCARE DISTRICT, 199 REYNOLDS ROAD IN CHESTER. (THIS AD WAS CREATED BY \_\_\_\_\_ WITH \_\_\_\_\_ HIGH SCHOOL)

**STUDENT 5 – KENDRA WITH CHESTER PLUMAS CHARTER**

AFTER A LONG AND HARSH WINTER, SENECA HEALTHCARE DISTRICT IS EXCITED FOR SUMMER! JULY IS UV SAFETY MONTH AND WHILE WE KNOW HOW FUN BEING IN THE SUN IS, WE STRONGLY ENCOURAGE SUN SAFETY. USING SUNSCREEN AND GETTING SOME SHADE MAY GUARD YOU FROM THOSE STEAMY RAYS OF SUNSHINE. BUT IF YOU GET CAUGHT UP IN ALL THOSE ACTIVITIES AND FORGET OR GET INJURED, SENECA HOSPITAL IS HERE FOR YOU. CALL SENECA TODAY AT 1(833)227-3743 OR STOP BY OUR WALK-IN CLINIC AT 199 REYNOLDS ROAD IN CHESTER. WE HOPE YOU CAN ENJOY THESE WARM MONTHS WITHOUT NEEDING US, BUT IF YOU DO, WE LOOK FORWARD TO HELPING OUR WONDERFUL COMMUNITY THRIVE! (THIS AD WAS CREATED BY \_\_\_\_\_ WITH \_\_\_\_\_ HIGH SCHOOL)

**STUDENT 6 -HARLIE WITH CHESTER PLUMAS CHARTER SCHOOL**

SUMMER IS FINALLY HERE, AND WITH JULY BEING NATIONAL UV SAFETY AWARENESS MONTH, SENECA HEALTHCARE WOULD LIKE YOU TO REMIND YOU TO STAY PROTECTED WHILE KEEPING UP WITH THE FUN. GETTING CAUGHT UP WITH OUTSIDE ACTIVITIES CAN EASILY DISTRACT US FROM IMPORTANT THINGS LIKE STAYING HYDRATED AND WEARING SUNSCREEN. APPLYING SUNSCREEN THROUGHOUT THE DAY NOT ONLY LESSENS YOUR CHANCES AT AN IRRITATING SUN BURN, BUT CAN GREATLY REDUCE YOUR VULNERABILITY TO THE HARMFUL EFFECTS CAUSED BY THE SUNS DAMAGING UV RAYS. HERE AT SENECA HEALTHCARE DISTRICT, WE GENUINELY CARE FOR OUR PATIENTS AND WANT TO KEEP YOU INFORMED. OUR EMERGENCY ROOM IS ALWAYS OPEN AND HERE FOR YOU THIS SUMMER, 130 BRENTWOOD DRIVE IN CHESTER. WE HOPE YOU ENJOY YOUR SUMMER HERE AT LAKE ALMANOR. (THIS AD WAS CREATED BY \_\_\_\_\_ WITH \_\_\_\_\_ HIGH SCHOOL)

Attachement 2 – To be released as a “Did you Know Post”

## **Seneca Launches Price Estimator Tool to Help Patients Understand the Cost of Receiving Healthcare Services**

**Date:** 05/23/23

**For:** Immediate Distribution

Seneca Healthcare District is giving patients more control over the cost of their own medical care through the implementation of an online Price Estimator Tool. This will help consumers make informed decisions related to the costs of their medical care.

With this, patients can review 300 service offerings utilizing our online [Price Estimator Tool](#), allowing them to estimate their out-of-pocket expenses for each procedure whether they have health insurance coverage or not.

“Seneca Healthcare District is committed to providing transparency when it comes to health care costs so patients can make an informed decision with regards to their healthcare. Patients now have access to the Price Estimator Tool that can provide detailed information with regards to their potential fiscal responsibility prior to a non-emergent procedure,” said Steve Boline, CFO, Seneca Healthcare District.

The goal of the Price Estimator Tool is to help consumers plan and manage their medical care. It allows patients to search for hundreds of services and procedures. The quotes provided through the Price Estimator Tool are not a guarantee of what a patient will be charged. Actual charges may differ from the estimated charges for many reasons, such as the seriousness of the medical condition, the actual time the procedure takes, as well as other services and supplies.

In addition, a patient's responsibility may vary, depending on payment terms negotiated with individual health insurers, or the terms of coverage under a governmental health care payment program. Those with health insurance can be directed to connect with their health plan for more information on their potential financial obligation(s). Those without health insurance can request information regarding the hospital's financial assistance policy, payment plan options, or other discounts that could be applied. For more information on Seneca's Price Estimator Tool, or financial assistance program, visit [Financial Resources](#) at [senecahospital.org](http://senecahospital.org) or call Seneca directly at, (833) 227-3743.

### Attachment 3

We hope you and your family are healthy and well. Our community has seen a lot of positive changes happening at Seneca recently and we are excited to announce the transition to centralization for the entire clinic. Of all the changes that have taken place, one thing remains certain: our commitment to your health and safety is our top priority.

As a patient of Dr. David Walls, we want to make you aware of the improved registration process we are implementing at Seneca. The clinic is switching to a centralized healthcare workflow, which we have already started implementing with our other provider offices and have found remarkable success. This includes centralized referrals, authorizations, scheduling, and more. Our goal is to continue making improvements via centralization, creating standardization throughout the clinic, and allowing for more face-to-face interaction with your doctor and their staff. We trust that this process will improve overall patient access, services and satisfaction.

The Lake Almanor Clinic will begin use of the new centralized check-in system for all patients, Monday, May 22, 2023. Committed registration staff will assist patients with check-in, help guide patients to and from the provider's office and work with patients to collect copays and schedule follow-up appointments.

*You will see these changes take place for any appointments after May 22, 2023.*

- All patients will enter through the main clinic entrance, also known as the walk-in clinic entrance.
- Due to upcoming construction, there will soon be construction fences blocking parts of our parking lot. Parking in front of and entering the main clinic doors will allow patients to access their provider's office through a safe internal route.
- Registration/check-in will take place at the main desk in the clinic for all patients.
  - Once appointments are complete, all patients will exit through the main entrance in the walk-in clinic.

Should you have any questions about our new processes, or need to schedule an appointment, please contact us at: 1(833)227-3743. We wish to express much gratitude to you for being our patient. We value your trust and loyalty, and we look forward to seeing you soon!

Sincerely,

*Seneca Healthcare District Administration*